

Columbus State University

Conflicts of Interest Disclosure Form

Purpose: This form should be completed by Columbus State University (CSU) employees (faculty and staff) who have any personal, professional, or financial interest, relationship, or activity that has the potential to create an actual or apparent conflict of interest with respect to the employee's CSU's duties and the employee's outside interests. Completed forms should be forwarded to your supervisor and to the appropriate Dean, Department Head, Vice President, Associate Provost, or Director of your college, school, or unit for review.

Policy Requirement: If disclosure is required, this form must be filled out at the time of initial hire, at the time the need for disclosure arises, and annually during the employee's performance evaluation. It is the responsibility of the employee and the employee's supervisor to discuss and address any actual or apparent conflict of interest between the employee's CSU duties and the employee's outside interests. All colleges/schools/units must retain a signed copy of the Conflicts of Interest Disclosure Form and any management plan (per Board of Regents records retention guidelines).

Please provide the information requested below:

Name: _____

Title: _____

School/College/Unit: _____

Department: _____

Email: _____

1. Information Regarding the Business or Organization that is the Subject of this Request (Organization):

Name: _____

Primary Contact: _____

Email: _____

Phone: _____

Address: _____

2. Is the organization a vendor of the CSU? Yes No

“Vendor” means any person who sells to or contracts with CSU for the provision of any goods or services.

3. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a CSU employee?

Yes No

If yes, please provide relevant details:

4. Do you, or members of your immediate family, have any ownership in this organization?

Yes No

5. Is the organization owned by a member of the institution’s faculty or staff?

Yes No

If yes, please provide details:

6. In the past 12 months, have you received any of the following from this organization? Check all that apply.

Salary

Loans

Honoraria

Travel Costs

Royalties

Gifts or other things of value

Expense Reimbursements

Provide details of anything of value received:

I hereby swear or affirm that the information provided above is true and correct to the best of my knowledge.

Signature of submitting employee

Date

To be completed by authorizing representatives:

Review by employee's immediate supervisor: _____ Completed

Supervisor's Name: _____

Conflict of Interest Management Plan, including restrictions: