Conflict of Interest Disclosure Form

Print Employee Name and Title:

College/School/Department/Office:

The purpose of this form is to disclose any conflicts of interest, per the USG BOR Policy 8.2.18.2 and MGA Policy 8.1.5, which require employees to disclose all conflict of interests. For the full text of the policy, please see the BOR Policy Manual or the MGA Policy Manual.

All faculty and staff wishing to engage in an activity that creates a conflict of interest or the appearance of a conflict of interest must complete this form and receive approval/management plan before the activity can begin. If a faculty or staff member is already engaging in said activity, this form must be completed immediately. This form must be completed for every instance an MGA employee (or employee’s appropriate family member as defined in the above referenced MGA policy) engages in an activity that creates a conflict of interest. Employees should not engage in the activity in question until they have received approval or agree to a management plan. Faculty should submit completed forms to the Dean’s Office who conducts the first level of review. Staff should submit completed forms to their immediate supervisor. Once all approvals are received, the completed forms are retained in the office of Human Resources.

Please explain your conflict of interest and any explanatory information:

____________________________________ ___________________________________ ______
Employee Name and Title   Signature     Date

Dean and Provost or Manager and Vice President Review

Dean/Managers Review:
☐ I have reviewed the above conflict of interest form. To the extent a conflict of interest exists, it poses de minimis or no risk to the University. I recommend approval of said conflict of interest and that the employee shall manage the conflict appropriately.
☐ I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists. I recommend approval of the conflict of interest only upon approval of a management plan.
☐ I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists. I recommend that the employee immediately cease and desist from any activity related to the conflict on interest. Failure to immediately cease and desist shall be considered a policy violation of the MGA Policy Manual and may subject said employee to disciplinary action in accordance with the MGA Policy Manual and/or the Faculty Handbook.

_________________________________ _________________________________ ______
Dean/Manager     Signature     Date

Provost /Vice President Review:
I have reviewed the above conflict of interest form and the Dean’s recommendation.
I hereby ☐ approve/ ☐ disapprove of the Dean’s recommendation.

_________________________________ _________________________________ ______
Provost /Vice President     Signature     Date

The appropriate Dean and the Provost should complete the following section. If a management plan is required, it is the responsibility of the disclosing party to contact the Dean. Any questions should be directed to the Dean.