FSH 6240 Required Disclosure of Conflicts

FOR NEW EMPLOYEES: This Conflicts of Interest Disclosure form is to be signed by the employee and his/her supervisor after reviewing information on conflicts of interest in the Faculty Staff Handbook 6240. It is to be returned to Human Resources for inclusion in the employee's file during the first week of work at the University.

You must complete this disclosure annually with your performance evaluation. If you have a conflict to disclose then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at http://www.webs.uidaho.edu/fsh/6240.html. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or the Chair of the university's Ethical Guidance and Oversight Committee. **Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.**

- ☐ I have reviewed FSH 6240 (link) and **DO NOT** have any conflicts of interest, conflicts of commitment or apparent conflicts to report. Please sign and date below.
- ☐ I have reviewed FSH 6240 (link) and **DO** have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please, sign below, and fill out form FSH 6240A. Submit completed FSH 6240A to your unit administrator along with separate pages describing a plan to manage each conflict or apparent conflict.

Your signature below certifies that you have reviewed FSH 6240 regarding disclosure of conflicts, and that the information that you provide regarding disclosure of any conflict is accurate to the best of your knowledge as of the date of this document, and you commit to providing an update if a material change occurs in the information you have provided.

Staff Member: _____ **Date:** _____
Signature

Please Print (Last, First, MI): _____**Staff V#**_____

Immediate Supervisor: _____ **Date:** _____
Signature

Please Print (Last, First, MI): _____ **Supervisor's Vandal No. : V** _____