



Disclosure of Conflict of Interest (i.e. outside employment, Consulting for compensation, or other financial interest - Trustee

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|-----------------|--|
| Policy: | Conflict of Interest - Non-grant related |
| Policy No.: | |
| Effective Date: | |

Trustee Name

Please describe the Conflict of Interest in detail including relationship to the College (use additional space if necessary)

If Conflict is Outside Employment or Consulting for Compensation, please complete the following:

Name of outside employer/Entity you are consulting for

*Period of Employment/
Consulting*

*Estimated hours per
week*

By signing here you are certifying that the information you provide in this form is accurate to the best of your knowledge as of the date of your signature, and you commit to provide an updated form to your supervisor if a material change occurs in your relationship or compensation from outside employment or consulting.

Trustee Signature

Date

President Signature

Date



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President's Cabinet Review/Notes (include date)

Copy goes to : *Trustee, President's Cabinet, Human Resources*

Original to: *Risk Management*