

**CONFLICT OF INTEREST DISCLOSURE FORM**

Employee Information

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| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Phone No: |  | Title: |  |
| LPA Email: | | | |

Supervisor Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |

Conflict of Interest Detail:

Please provide specific details regarding the facts or circumstances, which may be an actual, potential or perceived conflict of interest. If additional space is required, please attach a separate page.

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This disclosure is made in accordance with the requirements of the Conflict of Interest policy. I acknowledge that this disclosure does not relieve me of the obligations of making further disclosures of facts or circumstances, which may be a conflict of interest, of which I become aware after this date.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |



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To be completed by the Senior Management Team (SMT)/Supervisor

The following actions shall be taken to address the conflict of interest as disclosed above.

* No conflict of interest found, no further action is required
* A review of the disclosed matter has satisfied me that there is no actual, potential or perceived conflict of interest
* Conflict of interest confirmed. A review of the disclosed matter has indicated that there is an actual, potential or perceived conflict of interest

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| Actions taken: |

Date Employee advised of decision:

Supervisor/SMT Signature: Date: