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# Conflict of Interest Disclosure Form

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This form is to be used by an employee to disclose facts or circumstances which may be an actual, perceived or potential conflict of interest to the Conflict of Interest Committee for review and determination.

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## Employee Information

Mohawk ID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Department: \_\_\_\_\_ Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Full-time      Part-time

## Manager's Information

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Potential Conflict of Interest Areas

The potential conflict of interest is regarding a situation in the following area(s):

Outside      Personal Gain      Preferential  
Activities           Treatment

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## Conflict of Interest Details

Please provide specific details regarding the facts or circumstances which may be an actual, potential or perceived conflict of interest. If additional space is needed, please attach another sheet to this form.

Nature of the activities:

Name of the company/organization involved:

Details regarding the nature of gain (personal/financial):

Name of person or group who received preferential treatment:

Nature of your relationship with the above mentioned person/group:

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Any additional information:

This disclosure is made in accordance with the requirements of Policy CS 1306-1979 Conflict of Interest. I acknowledge that this disclosure does not relieve me of the obligation of making further disclosures of facts or circumstances which may be a conflict of interest, of which I become aware of after this date.

This disclosure is made on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**For use of the Conflict of Interest Committee.**

The following actions shall be taken to address the conflict of interest as disclosed in this Form:

No action is required.

A review of the matter disclosed has satisfied me that there is no actual, perceived or potential Conflict of Interest as defined in Policy CS-1306-1979 Conflict of Interest.

Approval with limitations.

A review of the matter disclosed has indicated that there is an actual, perceived or potential Conflict of Interest as defined in Policy CS-1306-1979 Conflict of Interest. However, the Discloser may continue with the activity, subject to the following limitations and conditions:

No Approval.

A review of the matter disclosed has indicated that there is an actual, perceived or potential Conflict of Interest as defined in Policy CS-1306-1979 Conflict of Interest that cannot be resolved by the imposition of limitations and conditions. Reasons for the refusal are:

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Chief Human Resources Officer  
on behalf of the Conflict of Interest Committee

Date

CC: Employee Personnel File/Internal Auditor/Manager/Employee