

CONFLICT OF INTEREST DISCLOSURE FORM

Instructions

Prior to completing this form, please review the Conflict of Interest policy and the Conflict of Interest procedures.

PART A: This should be completed by any employee who has an actual or perceived conflict of interest.

PART B: Should be completed, if applicable, by any employee who has an actual or perceived reporting conflict of interest.

PART C: This should be read and signed by the employee submitting this disclosure.

Once PARTS A, B and C are completed, send to the relevant third party in accordance with the table below:

DISCLOSURE FORM COMPLETED BY:		SUBMIT DISCLOSURE FORM TO:	
Employee		Senior Leadership Council member (Dean, director, AVP)	
Senior Leadership Council member		Vice-President	

PART D: This should be completed by the Senior Leadership Council member or Vice-President. The completed form will be submitted to the relevant Human Resources Business Partner by the applicable leader, after review.

The information disclosed in this form is collected in agreement with all relevant parties named.

PART A: REPORTING A CONFLICT OF INTEREST	
Name:	Employee ID:
Title:	Email:
Department/Faculty:	Direct Manager:
Date:	Signature:
Answer the following questions: <ol style="list-style-type: none"> 1. Describe the circumstances that may be considered a potential, perceived or an actual conflict of interest. 2. If applicable, describe the personal interest that may arise from a conflict of interest. 	

PART B: REPORTING THE MANAGEMENT AND/OR HIRING OF A RELATED PERSON OR ENTITY

Which of the following most appropriately describes your relationship with the employee?

- Spouse/partner
- Family member
- Relative
- Friend
- Other

Name of employee:

Position of employee:

PART C: ACKNOWLEDGEMENT

- I have read the Conflict of Interest Policy and I understand the requirement for disclosure. The information I have disclosed in this form is accurate to the best of my knowledge. If, at any time following the signing of this Conflict of Interest Disclosure Form, any changes occur to the information provided regarding the potential, perceived, or actual Conflict of Interest or the employment of related persons, I shall immediately submit a supplementary Conflict of Interest Disclosure Form with my Senior Leadership Council member or Vice-President.

SIGNATURE:

DATE:

PART D: CONFLICT MANAGEMENT PLAN

(To be completed by the applicable Senior Leadership Council member or Vice-President)

Prior to completing this section, please discuss the options with the Employee. If there is no conflict of interest, please tick Option A and keep this document for an annual review, to ensure no changes to the content have occurred.

It is the responsibility of the Senior Leadership Council member to ensure this plan is reviewed annually with the Employee.

Select the appropriate option below and fill out the information if required.

OPTION A:

- The situation described above is not a Conflict of Interest and no further action is required.

OPTION B:

- The situation described above is a Conflict of Interest (provide details below):

Describe the Conflict Management Plan to eliminate the Conflict of Interest

Employee name:	
Employee signature:	
SLC member name:	
SLC member signature:	
Date:	