

# Disclosure of Potential Conflict of Interest and Commitment

## University of Arkansas

This form implements the University of Arkansas campus policy on Conflict of Interest and Commitment passed by Campus Council in February 1992 and reprinted in the University of Arkansas Faculty Handbook. It is the campus policy of the University of Arkansas that its officers, faculty, staff and others acting on its behalf have the obligation to avoid ethical, legal, financial and other conflicts of interest with their obligations to the University or its welfare. In adherence to the institution's policy, please complete the following statement to disclose any relationships or activities which might give rise to conflicts, or the appearance thereof, with your duties, responsibilities or obligations to the University of Arkansas. **All faculty, classified and non-classified staff are required to complete this form annually or more often as needed.**

I have read the campus policy on conflict of interest and commitment, and I disclose the attached explanation of the nature of each potential conflict of interest or appearance there of in compliance with that policy.

I have read the campus policy on conflict of interest and commitment, and I have no conflicts of interest to disclose.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Title or Position \_\_\_\_\_

Department or Unit \_\_\_\_\_

### Administrative Review

The proposed activity has been reviewed, and no conflict of interest or commitment that would interfere with the employee's obligations to the University of Arkansas or its welfare appears to exist.

There is the potential for a conflict of interest or commitment or the appearance thereof, and I recommend the following steps be taken to manage the apparent conflict (additional information should be attached as needed):

A conflict of interest or commitment does exist in the aforementioned situation, and I do not recommend that the situation be allowed to exist.

I (approve, disapprove, refer) the disclosure for the reasons checked above.

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Department Chair or Unit Head

Date

I have reviewed and (approve, disapprove) the recommendations of the department chair/unit head.

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Dean or Unit Head Supervisor

Date

approved copy to employee and unit head  
record maintained in office of dean or unit head's supervisor

VCAA 7/19/94