



University of Connecticut
CONFLICT OF INTEREST DISCLOSURE

The State Code of Ethics for Public Officials states a conflict of interest exists when a state employee, in the discharge of their official duties, is required to take an action that would affect a financial interest of the employee, the employee’s family member (spouse, parent, sibling, child or spouse of a child.), or a business with which the employee is associated with. If presented with a conflict of interest, the Code requires employees to prepare a written statement describing the matter and the nature of the conflict and deliver a copy to their immediate supervisor. The supervisor shall assign the matter to another employee who does not directly or indirectly report to that individual.

This form is intended to assist employees with meeting the above statutory requirements, as well as compliance with the University “Policy on Employment and Contracting for Service of Relatives”. Any questions should be directed to the Office of Audit, Compliance & Ethics at (860) 486-4526.

To Complete the Form:

1. **Employee** – complete section 1 and provide a copy to your immediate supervisor.
2. **Supervisor** – complete section 2 and forward to the Senior Manager for final review and approval.
3. **Senior Manager** – complete section 3 and send original to the Department of Human Resources. A copy should be retained and another provided to the Employee for his/her records.

Section 1 DISCLOSURE

Required Action (examples: making a hiring or merit decision; contract award decision):

Name and Relationship of Family Member Affected or Associated Business:

Description of Potential Financial Impact:

Employee Signature: _____ Date: _____

Section 2 PROPOSED CONFLICT RESOLUTION PLAN

Duties Assigned to: _____

Action taken to resolve conflict: _____

Supervisor's Signature: _____ *Date:* _____

Section 3 REVIEW AND APPROVAL

I have reviewed the disclosure form with Human Resources and agree with the proposed conflict resolution plan.

I have reviewed the disclosure form Human Resources and modify the proposed plan as follows:

Senior Manager's Signature:

_____ *Date:* _____

Copy to: Human Resources
Senior Manager
Employee