North Carolina School of Science and Mathematics

Report of Potential Conflict of Interest Activities

This disclosure form must be completed and filed with your Division Dean, Director or Vice Chancellor no later than September 1st of each academic year. If a potential for conflict arises during the interim, disclosure is required within 10 days. NCSSM is committed to the implementation of the school’s policy on external affiliations and activities. The Conflict of Interest Policy is posted on the NCSSM’s e-Central Human Resources website under General Provisions. Additionally, copies of the policy may be obtained in the Office of Human Resources. Questions concerning the policy or this disclosure form should be directed to your Division Dean, Director or Vice Chancellor. Note: NCSSM currently follows the University of North Carolina Conflict of Interest and Commitment Policy 300.2.2 and Regulations on External Professional Activities for Pay by Faculty and Non-Faculty EPA Employees Policy 300.2.2.1(R) and its own Institutional Policy 3200, Conflict of Interest and Commitment.

Name: ____________________________  Title: ____________________________

Department: ____________________________  Division: ____________________________

1. I, or my immediate family*, have, or expect to have, a consulting relationship*, executive position or a significant* financial interest in (check all applicable):
   a. ________ A business which markets a product related to my work at NCSSM.
   b. ________ An entity that does business with NCSSM and which business I am in a position to influence.
   c. ________ A sponsor of my grant-related activity at NCSSM.
   d. ________ None of the above.

   If a, b, or c are checked, please describe.

*Immediate family includes the employee’s spouse, children, parents, siblings, and others living in the household.

2. I do_____/do not_____ have any financial interests, relationships, commitments, or activities, including uncompensated activities, that present a potential conflict of interest that should be evaluated within the context of the school’s policy. If you checked “do,” please describe:

3. I do_____/do not_____ have non-NCSSM professional or income-producing activities involving NCSSM students or staff. If you checked “do,” please describe:

4. Are there any other related matters of which you wish to make the school aware? No _______ Yes_______. If “yes,” please describe:

I hereby acknowledge that I have been provided the location of the Conflict of Interest Policy for NCSSM staff, that I have read the policy, and that I understand the potential for conflict of interest with regard to my position at NCSSM. I have accurately described situations that may present a potential conflict. If there are none, this is indicated in the spaces provided.

_________________________  ________________
Employee Signature  Date

REVIEWED BY:  APPROVED BY:

_________________________  __________________________
Supervisor  Chancellor, Vice Chancellor or Division Dean or Director

Revised September 21, 2012