

## Disclosure of An Outside Activity

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dept.: \_\_\_\_\_ College: \_\_\_\_\_

Start date of outside activity: \_\_\_\_\_ End date, if known: \_\_\_\_\_

Name of outside entity to which you will provide services or that involves your activity:

\_\_\_\_\_

Check all that apply (see [OM Part II, Chapter 18](#) for definitions):

Conflict of commitment \_\_\_\_\_ Conflict of interest in the workplace \_\_\_\_\_

If you checked "Conflict of interest in the workplace," complete the following:

Does the activity involve co-workers? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

Does the activity involve students? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

Does the activity involve:

information provided to or by the University? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

goods provided to or by the University? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

services provided to or by the University? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

finances provided to or by the University? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

use of University data, processes, or procedures? ... \_\_\_\_\_ yes \_\_\_\_\_ no

use of any University resources? ..... \_\_\_\_\_ yes \_\_\_\_\_ no

any other significant financial or personal considerations that may compromise, or appear to compromise, your professional judgment ..... \_\_\_\_\_ yes \_\_\_\_\_ no

If you checked **yes** to any question, explain in your written disclosure.

If you checked **no** to all questions, submit to your DEO this completed and signed form, and the written description of your outside activity, keeping a copy of each for yourself.

In your description, please describe the accommodations, if any, that you propose to your DEO to make so that the activity does not interfere with your University obligations (if you have not planned any accommodations, state *none*).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_