# CONFLICT of INTEREST MANAGEMENT PLAN

# Employee who has an immediate family member\* attending UCCS as a student

(\*spouse, domestic partners, civil union partner, independent or dependent child)

## Part 1 – To be completed by the employee

Name Click or tap here to enter text. Employee ID # Click or tap here to enter text.

Position Click or tap here to enter text. Department Click or tap here to enter text.

Name Student Click or tap here to enter text. Relationship Click or tap here to enter text.

Expected enrollment period for student Click or tap here to enter text.

Describe overlap between your role as an employee and the related student and their program: Click or tap here to enter text.

In your employee role, do you have access to the related student’s data, have any supervisory authority over related student, have related student in your course, or make any decisions about related student’s status as a student?

No  Yes, explain in detail and describe management plan to minimize potential conflicts:

Click or tap here to enter text.

**This form will not be accepted without the supervisor’s signature**.

\_\_\_\_\_\_\_ \_\_\_\_\_\_

Signature of Employee Date

## Part 2 – To be completed by the supervisor

I hereby certify that the preceding information provided by the faculty or staff member is accurate and I hereby approve this request.

Signature of Supervisor Date

## Part 3 – To be approved by COI Committee

□ Approved by \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Date