# CONFLICT of INTEREST MANAGEMENT PLAN

# Outside Employment for Classified or University Staff positions

## 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.

Type of outside employment/activity Click or tap here to enter text.

# of hours per day Click or tap here to enter text.

# of days per  week or  month Click or tap here to enter text.

Employer or associates Click or tap here to enter text.

Employer address Click or tap here to enter text.

I understand that state rule (Classified employees are governed by State Personnel Board Rule 1-14) as well as

university policies establish that my employment at the university must be my principal vocation. Any outside

employment, consulting, private business or other compensated activities may not present a conflict of interest

or commitment to the university or adversely affect the performance of my duties.

Please describe this activity or employment in sufficient detail:

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