# 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