# CONFLICT of INTEREST MANAGEMENT PLAN

# Request for approval of Additional Remuneration in accordance with one-sixth rule

## 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.

I hereby request approval of remunerative activity or employment in addition to my regular University appointment under Regent Law and Policy as follows:

Consultation  Professional Practice  Business  Other Click or tap here to enter text.

Dates of the activity or employment for which approval is requested: Click or tap here to enter text.

# of hours per Click or tap here to enter text. week  month  semester *Generally, not to exceed ~ 4 3/8 days per month)*

Employer or associates Click or tap here to enter text.

Employer address Click or tap here to enter text.

Please describe this activity or employment in sufficient detail to show its professional importance:

Click or tap here to enter text.

**This form will not be accepted without the Department and Dean signature**.

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

Signature of Employee Date

## Part 2 – To be completed by the Department Chair and Dean

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

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Signature of Dean Date

## Part 3 – To be approved by COI Committee

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

Initial Date