

**University of Connecticut**  
**CONFLICT OF INTEREST DISCLOSURE**

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*The State Code of Ethics for Public Officials states a conflict of interest exists when a state employee, in the discharge of their official duties, is required to take an action that would affect a financial interest of the employee, the employee's family member (spouse, parent, sibling, child or spouse of a child.), or a business with which the employee is associated with. If presented with a conflict of interest, the Code requires employees to prepare a written statement describing the matter and the nature of the conflict and deliver a copy to their immediate supervisor. The supervisor shall assign the matter to another employee who does not directly or indirectly report to that individual.*

This form is intended to assist employees with meeting the above statutory requirements, as well as compliance with the University "[Policy on Employment and Contracting for Service of Relatives](#)".

**To Complete the Form:**

1. **Employee** – complete section 1 and provide a copy to your immediate supervisor.
2. **Supervisor** – complete section 2 and forward to the Senior Manager for final review and approval.
3. **Senior Manager** – complete section 3 and send original to the Office of University Compliance. A copy should be retained and another provided to the Employee for his/her records.

**Section 1 DISCLOSURE**

Required Action (examples: making a hiring or merit decision; contract award decision):

Name and Relationship of Family Member Affected or Associated Business:

Description of Potential Financial Impact:

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

**Section 2 PROPOSED CONFLICT RESOLUTION PLAN**

Duties Assigned to:

Action taken to resolve conflict:

*Supervisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Section 3 REVIEW AND APPROVAL**

- I have reviewed the disclosure form with the Office of University Compliance and agree with the proposed conflict resolution plan.
- I have reviewed the disclosure form with the Office of University Compliance and modify the proposed plan as follows:

*Senior Manager's Signature:*

\_\_\_\_\_ *Date:* \_\_\_\_\_

Copy to: Office of Faculty and Staff Labor Relations  
Senior Manager  
Employee

Revised: May 2018; March 2016; May 2014; January 2011

Reviewed: January 2009, June 2008