

## University of Arkansas System Division of Agriculture Disclosure of Potential Conflict of Interest

Employees of the University of Arkansas System Division of Agriculture are required to report annually the actual or potential conflicts of interest, or the appearance thereof, with respect to their obligations to the Division of Agriculture or its welfare. To comply with the Division of Agriculture policy, please complete the following disclosure.

**All employees are required to complete this form annually or more often if an actual or potential conflict of interest or the appearance thereof, arises\*.**

- ☐ I have read the Division of Agriculture policy on conflict of interest and I have attached a report disclosing each actual or potential conflict, or the appearance thereof, in compliance with that policy.
- ☐ I have read the Division of Agriculture policy on conflict of interest and I have no actual or potential conflicts, or the appearance thereof, to disclose.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print or type): \_\_\_\_\_ ID Number: \_\_\_\_\_

Title: \_\_\_\_\_ Budgetary Unit: \_\_\_\_\_

If no disclosure - Immediate Supervisor Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_

If no disclosure, the supervisor sends the signed original to HR for the employee's personnel file. Once received, HR sends a copy to the employee.

### If Potential Conflict Disclosed - Administrative Review of Activity Disclosure

- ☐ The activity has been reviewed, and based upon the information available no conflict of interest that would interfere with the employee's obligations to the Division of Agriculture or its welfare appears to exist.
- ☐ The activity has been reviewed, and based upon the information available either an actual conflict of interest or the appearance of one exists; I recommend that the attached management plan be implemented.
- ☐ The activity has been reviewed, and based upon the information available creates an unacceptable conflict of interest; I do not recommend that the activity be allowed.

I (approve, disapprove) the disclosure for the reason checked above.

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed and (approve, disapprove) the recommendation of the Immediate Supervisor

Center/Station/Unit/District Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed and (approve, disapprove) the recommendation of the Center/Station/Unit/District Supervisor.

Associate Vice President/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Signed original is sent by Associate Vice President/Dean to the Civil Rights Compliance Officer. Once reviewed by the Compliance Officer, the original should be sent to HR to be filed in the employee's personnel file. HR should send a copy to the employee and the Center/Station/Unit/District Supervisor.

\* In addition to completing the disclosure form annually, **anytime that an employee desires to participate in an activity in which a potential or actual conflict of interest exists, that employee shall submit to his/her immediate supervisor the Disclosure of Potential Conflict of Interest form along with a report detailing the circumstances creating the potential or actual conflict.** The form should be submitted a minimum of 30 working days prior to the activity in which the employee wishes to participate.