

Potential Conflict of Interest Declaration Form

CONFIDENTIAL INFORMATION: Information disclosed herein is for confidential administrative use only and will not be discussed outside of the chain of command. Signatures attest reading and understanding of USBE Internal Policy 04-05. Conflicts of Interest, and U.C.A. 67-16-1 et seq.

Name: ___

_____ EIN: _____

A conflict-of-interest activity is defined by USBE policy as a situation where a USBE employee's private or outside economic, social, political, or volunteer interests interfere (or have the appearance of interfering) with that employee's duties and responsibilities as an agent of the State.

Prior to engaging in an activity (outside of religious activities) that may constitute a conflict of interest, a USBE employee shall report this to the employee's supervisor and complete the USBE Potential Conflict of Interest Declaration, and update or submit a new form annually, or if circumstances change.

• Employee Section•

Provide any information that is relevant to the situation you are declaring. For example, and as applicable, identify the nature of the outside job or activity, the duration and frequency of the activity, the name of the entity the employment or activity will be with, the nature of your financial interest. Be as specific as possible.

Where possible conflicts of interest may exist, I will take the following steps to ensure that no conflict occurs:

Per the USBE Conflict of Interest Policy, if the request includes the following circumstances, the request shall be approved by the applicable Deputy Superintendent.

Please check below if any of these circumstances apply:

□ Outside employment exceeding 20 hours per week

□ Outside employment with a contractor who currently provides services to clients of the USBE

 \Box Outside work that involves:

- Providing services to a current client of the USBE or to a person who has been a client within the preceding six months.
- The employee has or previously had direct work-related contact with the client; and the outside work involves a fee when such fees are paid directly to the employee, a relative of the employee, or a business owned wholly or in part by the employee.
- The outside volunteer service includes service on a policy making or advisory board of an • institution or agency that does business with the USBE.

Employee Acknowledgement and Signature

I hereby affirm that the information provided her is true and complete to the best of my knowledge. I acknowledge that I have read and understand the USBE Conflict of Interest Policy 04-05. I will submit an updated Potential Conflict of Interest Declaration Form promptly if my circumstances change. I understand the failure to comply with the USBE Conflict of Interest Policy and/or making false or misleading statements could result in disciplinary action up to and including termination.

Employee Signature:	Date:
	• Review & Approvals •
HR Representative:	Date:
□ The form has been reviewed for com	
Direct Supervisor:	Date:
$\hfill\square$ I have reviewed the form and agree t	hat it appears no conflict of interest exists per USBE policy
\square I have reviewed the form and there a	ppears to be a conflict of interest per USBE policy
Deputy Superintendent:	Date:
(If any boxes above are checked a Deput	y Superintendent signature is needed)
$\hfill\square$ I have reviewed the form and agree t	hat it appears no conflict of interest exists per USBE policy
$\hfill\square$ I have reviewed the form and there a	ppears to be a conflict of interest per USBE policy
	ADA Compliant: December 4, 202