

# University of Connecticut

## CONFLICT OF INTEREST DISCLOSURE

[The State Code of Ethics for Public Officials](#) maintains 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. 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 ensuring compliance with the University [Policy on Employment and Contracting for Service of Relatives](#).

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### **Completing the Form:**

1. The employee with the potential conflict of interest should complete Section I of the form and provide a copy to their immediate supervisor.
2. The supervisor should review Section I, complete Section II, and forward to the Senior Manager for final review and approval. A Senior Manager would be the next level of management above the supervisor. The Supervisor cannot complete both Section II and Section III. If you have questions regarding this, please contact the Office of University Compliance.
3. The senior Manager should review the submitted form, complete Section III, and provide a copy to the Office of Human Resources. A copy of the form should also be retained in the employee record and a copy provided to the employee.
4. The Office of Human Resources, in consultation with the Office of University Compliance, will review the submitted form and provide any further feedback.

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### **Section I: DISCLOSURE**

1. What are the required actions based on your job responsibilities that may pose a conflict of interest? (i.e. making a hiring decision, performance evaluations, merit decisions, contract award decisions).
  
2. Please provide the name and relationship of the family member and/or associated business affected by this conflict of interest:
  
3. Please provide a description of the potential financial impact the conflict may have:

*Copy to: Office of Human Resources, Senior Manager, Supervisor, Employee, Office of University Compliance*

I understand my obligations under the University Policy on Employment and Contracting Service of Relatives as well as the State Code of Ethics for Public Officials. I also understand it is my responsibility to ensure this form is updated if there are changes that occur that may cause a new conflict of interest or otherwise impact the conflict resolution plan identified herein.

Employee Name (please print): \_\_\_\_\_

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

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**Section II: PROPOSED CONFLICT RESOLUTION PLAN**

As a result of the potential conflict of interest, please provide the name and title of the person who will assume the responsibilities outlined in Section I, Question 1:

Please provide a description of what action(s) have or will be taken in an effort to mitigate the conflict of interest identified.

If the potential conflict of interest is specific to the hiring of a family member or the negotiations of a contract with a business posing a potential conflict of interest, please describe the process and the persons responsible for making the hiring or contracting decision:

I understand my obligations to ensure the conflict resolution plan is enacted to mitigate any potential conflict of interest. I also understand it is the employee's responsibility to notify me in the event this form needs to be updated to reflect changes that may cause a new conflict of interest or otherwise impact the conflict resolution plan identified herein.

Supervisors Name (please print): \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section III: REVIEW AND APPROVAL**

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

Senior Manager's Name (please print): \_\_\_\_\_

Senior Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please note: if there are changes that occur that may cause a new conflict of interest or otherwise impact the conflict resolution plan identified above, the employee(s) should review and update this form and submit for additional review and approval.**

*Revised: June 2019; March 2016; May 2014; January 2011  
Reviewed: January 2009, June 2008*

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