
FORM B
DISCLOSURE OF CONFLICT OF INTEREST
AND/OR TIME COMMITMENT INTERESTS

SECTION I CONFLICT OF INTEREST

In compliance with federal, Regents, and Pittsburg State University policies, disclosure of relevant significant financial interest is required of all full-time faculty and unclassified staff and all other members of the University community who are responsible for the design, conduct, or reporting or research or educational activities. The disclosure of interests includes those of the University employee, his or her spouse, dependent children, and other members of the personal household.

Significant Financial Interest means anything of monetary value including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria), equity interests (e.g., stocks, stock options, or other ownership interests), and intellectual property rights (e.g., patents, copyrights, and royalties from such rights). The term does not include any of the following:

- i. Salary, royalties, or other remuneration from the University including funds and holdings acquired through the Regents retirement programs;
- ii. Income (e.g., salary, fees, or other continuing payments) in an amount of \$10,000 or less per annum from any one business enterprise or entity when aggregated for the employee and members of his/her family.
- iii. Financial interest in any one business enterprise or entity if the value of those interests does not exceed a five percent ownership interest when aggregated for the employee and members of his/her family.

A. EMPLOYEE IDENTIFICATION

Name:				
Last	First	MI	Social Security #	Department/Division

B. IDENTIFICATION OF POSSIBLE CONFLICT:

Identify the relevant research and educational activities that may be affected by the financial or ownership interests that you, your spouse, dependent children or other members of your personal household may have. Complete the remainder of this section with this possible conflict in mind.

C. OWNERSHIP INTERESTS

List any corporation, partnership, proprietorship, trust, joint venture, and every other business interest, including land used for income in which either you or other members of your household own or have owned within the preceding 12 months a legal or equitable interest exceeding \$10,000 or five percent, whichever is less, which influences or potentially conflicts with any of your research/educational activities. If you or members of your household own more than five percent of a business, you must disclose the percentage held. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section C check here

Business Name & Address	Type of Business	Description of Interest Held	Held by Whom	Percent of Ownership Interests
1.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*

* Other refers to dependent children and other members of your household.

D. RECEIPT OF COMPENSATION

List all places of employment and other business from which you or any member of your household expect to receive \$10,000 or more in compensation per year which to an independent observer could influence or potentially conflict with any of your research/educational activities.

D.1 YOUR place(s) of employment or other business in the preceding calendar year

If same as Section A (current employment) check here

If you have nothing to report Section D.1, check here

Name of Business	Address	Type of Business
1.		
2.		

D.2 SPOUSE'S place(s) of employment or other business in the preceding calendar year.

If you have nothing to report in Section D.2, check here

Name of Business	Address	Type of Business
1.		
2.		

D.3 OTHER HOUSEHOLD MEMBER(S) place(s) of employment or other business in the preceding year.

If you have nothing to report in Section D.3, check here

Name of Business	Address	Type of Business
1.		
2.		
3.		

E. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS

List any organization or business in which you, your spouse, or any other member of your household, hold a position of officer, director, associate, partner, or proprietor, for which more than an aggregate of \$10,000 compensation is received per year or more than five percent is owned which significantly affects or will be affected by any of your research/educational activities. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section E, check here

Name & Address of Business	Position Held	Held by Whom
1.		
2.		
3.		
4.		
5.		

F. RECEIPT OF FEES AND COMMISSIONS

List each client or customer from which you, your spouse, or any household member receives an aggregate of \$10,000 or more per year which could present potential conflict of interest with any of your research/educational activities. In the case of partnership, it is your proportionate share of the business, or fee that is significant, without

regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision but may be required to report under Section D above. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section F, check here

Name & Address of Business	Position Held	Held by Whom
1.		
2.		
3.		
4.		
5.		

SECTION II. CONFLICT OF TIME COMMITMENT

G. IDENTIFICATION

List external activities such as consulting, external employment, public service, holding of office or pro bono, even if not compensated, that represent significant time commitment efforts which may be or appear to be a conflict of time commitment situation.

An example would be serving as national president of the Boy Scouts of America which requires out-of-state presence three days a week. Another example might be that you are an unpaid consultant to a private entity at a significant level of effort.

External Entity	Projected level of effort per year	Purpose

H. DECLARATION:

I, _____, declare that this statement of significant financial interest and time commitments (including accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all my significant interests and other matters required by law. I have read and agree to abide by federal and Regents' Conflict of Interest policies and Pittsburg State University procedures. Also, I understand the Regents' policy states that failure to file this statement as required by law or intentionally filing a false statement may result in disciplinary actions. Any changes to this statement will be reported when the information becomes known to me.

Signature Date

Number of Additional Pages _____

Please submit this entire form to your Department Chairperson/Division Head.

VERIFICATION:

I have reviewed the (potential) conflicts of interest and/or conflicts of time commitment with the above named individual, and procedures have been implemented to manage the (potential) conflicts. As implemented, these management practices should ensure that none of the above referenced conflicts or potential conflicts will interfere with the performance of the individual's teaching, research, and/or professional service activities.

There is no conflict

A potential conflict exists and a plan has been developed to manage it as follows:

ACCEPTED: _____
Department/Division Head *(please forward this form to your Dean)* Date

ACCEPTED: _____
Dean *(please forward this form to your Vice President)* Date

ACCEPTED: _____
Vice President *(please forward this form to the President's Office)* Date