



**DISCLOSURE FOR CONFLICT OF INTEREST & TIME COMMITMENT**

This disclosure is required by the Kansas Board of Regents Conflict of Interest and Time Commitment Reporting Policy. Please answer the following questions as accurately as possible. If needed, attach additional information on a separate sheet.

- 1. State your name, job title, department/division and employee identification number.

NAME	TITLE	DEPT	PSU ID#
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**A. EMPLOYEE'S ACTIVITIES**

- 1. Do you have any consulting arrangements? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Do you have any significant financial or managerial interests? Significant is defined as all holdings greater than \$5,000 or more than 5% ownership in a company.

BUSINESS NAME	BUSINESS TYPE	INTEREST
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BUSINESS NAME	BUSINESS TYPE	INTEREST
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- 3. Do you have employment in an outside entity (other than Pittsburg State University)?

BUSINESS NAME	BUSINESS TYPE	JOB TITLE
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BUSINESS NAME	BUSINESS TYPE	JOB TITLE
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**B. IMMEDIATE FAMILY MEMBERS, PERSONAL HOUSEHOLD & ASSOCIATED ENTITIES OF THE EMPLOYEE**

Immediate family members include the employee's spouse and dependent children. Associate entities include corporations, partnerships or trusts in which the employee has a significant interest.

- 1. Do your immediate family members, personal household and/or associated entities have any consulting arrangements? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do your immediate family members, personal household and/or associated entities have any significant financial or managerial interests? Significant is defined as all holdings greater than \$5,000 or more than 5% ownership in a company.

BUSINESS NAME	BUSINESS TYPE	INTEREST
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3. Do your immediate family members, personal household and/or associated entities have employment in an outside entity (other than Pittsburg State University)?

BUSINESS NAME	BUSINESS TYPE	JOB TITLE
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**C. DECLARATION**

I declare that this Disclosure has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement.

\_\_\_\_\_  
SIGNATURE DATE

**Submit this form to your immediate supervisor who will route it to the next appropriate office.**

**D. APPROVALS**

ACCEPTED: \_\_\_\_\_  
Direct Supervisor (Chair or Director) Date

ACCEPTED: \_\_\_\_\_  
Dean or Associate VP Date

ACCEPTED: \_\_\_\_\_  
Vice President Date

**Please forward the completed form to the President's Office.**

ACCEPTED: \_\_\_\_\_  
President (if applicable) Date