

CONFIDENTIAL

The University of Michigan College of Engineering  
Staff Disclosure Form for Potential  
Conflicts of Interest/Conflicts of Commitment

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Office/Department: \_\_\_\_\_  
Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have read the College of Engineering Policy on Conflicts of Interest/Conflicts of Commitment for Staff, and I am filing this form in accordance with the Policy to disclose a possible conflict of interest or conflict of commitment.

*(Please describe the potential conflict below).*

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

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

*Once completed this form should be submitted to your supervisor for transmittal to the Unit Conflict Manager.*

Name and Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Review of Disclosure by Unit Conflict Manager:

1. Does a conflict exist? \_\_\_ No \_\_\_ Yes (*if yes, proceed to question 2*)
2. If conflict exists, is it manageable? \_\_\_ No \_\_\_ Yes (*if yes, proceed to question 3*)
3. If conflict is manageable describe the management plan in the space provided below.

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

Name and Signature of Conflict Manager: \_\_\_\_\_ Date: \_\_\_\_\_

*After review of the disclosure a copy of this form should be returned to staff member for signature (below) to confirm acknowledgement of the decision that was reached.*

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_