

OFFICE OF UNIVERSITY AUDITS
ANNUAL CONFLICTS OF INTEREST AND CONFLICTS
OF COMMITMENT DISCLOSURE FORM

The purpose of this document is to assist management in the identification, evaluation, and management of potential conflicts of interest and conflicts of commitment. Please complete the following information and submit it to your immediate supervisor. Answering affirmatively to any question does not necessarily mean that the situation is improper, but that disclosure, evaluation, approval, management, and/or oversight may be required.

This form should be promptly updated if your response to any of the questions changes.

Please complete the form in its entirety and sign below.

Name/Title: _____ Employer/Department: _____

I certify that I have read and understand Standard Practice Guide Section 201.65-1 and the University Audits Conflicts of Interest and Conflicts of Commitment Implementation Policy and Procedure. I certify that the information in this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

A. General:

Have you worked for any other units/departments at the University of Michigan within the last 5 years? If yes, please complete Section 1 of Attachment A.

Yes _____ No _____

Are you aware of any family members or close friends working for/affiliated with the University of Michigan? If yes, please complete Section 2 of Attachment A.

Yes _____ No _____

B. Outside Activities:

Do you have knowledge of any arrangements between the University and an outside entity with which you or a member of your family has financial interests? If yes, please provide an explanation on Attachment B.

Yes _____ No _____

Do you engage in any outside activities that may substantially burden or interfere with your primary obligation or commitment to the University? If yes, please provide an explanation on Attachment B.

Yes _____ No _____

Do you engage in any compensated activities, outside of your University Audits appointment? If yes, please provide an explanation of the activity on Attachment B.

Yes _____ No _____

C. Other Potential Conflicts

Are you aware of any potential conflicts of interest or conflicts of commitment with your University of Michigan appointment that has not been disclosed on this form? If yes, please provide an explanation on Attachment B.

Yes _____ No _____

Attachment A:

Section 1

Please provide the following information pertaining to your prior employment at the University of Michigan.

| Department & Address | Position | Supervisor | Begin/End Dates |
|----------------------|----------|------------|-----------------|
| | | | |
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Section 2

Please list the names of family members and close friends working or affiliated with the University of Michigan.

| Name | Relationship | Department/Affiliation |
|------|--------------|------------------------|
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| | | |

Attachment B:

If you answered YES to any of the questions in Sections B or C on page 1, please identify the entity/potential conflict and provide a detailed explanation below.