

CONFIDENTIAL

**Institute of Continuing Legal Education
Staff Disclosure Form for Potential Conflicts of Interest/Conflicts of Commitment**

Name: _____EMPLID: _____

I have read the ICLE 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).

Signature of Staff Member: _____ Date: _____

Once completed this form should be submitted to your supervisor for transmittal to the Administrative Director.

Name and Signature of Supervisor: _____ Date: _____

Review of Disclosure by Administrative Director:

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 Administrative Director: _____ 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: _____