Conflict of Interest Disclosure Form

for

[SYSTEM NAME]

This form is to be used by a Supervisor, Board Chairman, or Mayor to document any possible Conflict of Interest (real or potential) reported by any interested person whether he or she is an employee of [SYSTEM NAME] or not.

## Real or potential conflicts of interest may include, but are not limited to:

1. Employees working for suppliers, contractors, or customers of *[SYSTEM NAME]*, or acting as a consultant with or regarding a vendor, supplier, or contractor of *[SYSTEM NAME]*.
2. Conducting System business with your extended family (which includes your or your

spouse's relatives such as parents, siblings, cousins, aunts, uncles, nieces, nephews,

grandparents, regardless of whether they are first or second or great-great-grand or "once

removed," etc.) or with businesses in which you or your extended family have a

significant interest.

1. Utilizing System time or assets to promote personal interests or the interests of third

parties.

1. Serving as a director, officer, associate, or consultant for companies with which the

System transacts business.

1. Making or holding investments or ownership in companies with whom the System does business if such investments have the effect or appearance of influencing your business judgment.
2. Accepting or giving gifts in violation of the Business Courtesies Guidelines.
3. A member of the employee’s extended family serving as a director, officer, partner,

consultant or contractor of, or in a managerial position with, or employment in a technical

capacity by, any outside enterprise which does, or is seeking to do, business with the System.

1. Any other arrangement or circumstance, including family or their personal relationships,

which might dissuade the employee from acting in the best interest of the System.

1. Using his or her official position for private gain.
2. Giving preferential treatment to any person.
3. Losing complete independence or impartiality.
4. Making an official decision outside of official channels.
5. Any Employee, Board, or Council Member having a position in a company bidding, or doing business with the System.
6. Employee, Board, or Council Member using System information, customer lists, or equipment outside the scope of their job.

[SYSTEM NAME] Conflict of Interest Reporting Form

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| --- | --- |
| Name |  |
| Title |  |
| Date |  |
| Supervisors Name |  |
| I have real or potential conflicts of interest to disclose. | Yes  No |
| If yes answered above, I disclose the following facts:  *Real or potential conflicts of interest may include, but are not limited to:*   1. Utilizing System time or assets to promote personal interests or the interests of third parties. 2. A member of the employee’s extended family serving as a director, officer, partner,   consultant or contractor of, or in a managerial position with, or employment in a technical  capacity by, any outside enterprise which does, or is seeking to do, business with the System.   1. Using his or her official position for private gain. |  |
| Supervisor use Only below |  |
| Case Number |  |
| More Information Needed | Yes  No |
| If Yes above who is the related person? |  |
| Information from related person |  |