

# Conflict of Interest Disclosure Form

Ref#: CNS/\_\_\_\_\_

**This form must be completed annually and updated as necessary.**

Annual Disclosure

Name: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Yes  No Do you, in a private capacity, provide consulting, advisory or outreach services to an entities or persons outside the university that might, in your good faith judgment, present or appear to present a conflict of commitment with your AUB obligations?

If "yes," describe briefly: \_\_\_\_\_

\_\_\_\_\_

A plan is in place for the management or elimination of potential conflict of interest.

Yes  No Do you or any member of your family have any significant involvement with and/or an opportunity for financial gain from a company doing business in a subject area related to your AUB employment?

If "yes," describe briefly: \_\_\_\_\_

\_\_\_\_\_

A plan is in place for the management or elimination of potential conflict of interest.

Yes  No Do you or any member of your family have any other relationships, commitments, or activities that might, in your good faith judgment, present or appear to present a financial conflict of interest with your AUB obligations?

If "yes," describe briefly: \_\_\_\_\_

\_\_\_\_\_

A plan is in place for the management or elimination of potential conflict of interest.

**In submitting this form, I affirm that I read and clearly understood the Computing and Networking Services Policy on Conflict of Interest (CNS-P-GEN-CONFLICT rev. B) and that the above information is true and complete to the best of my knowledge; I accept responsibility for complying with Computing and Networking Services and the University policies on Conflict of Interest and I assume responsibility for updating this disclosure as necessary.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*After signing, please forward the original form to the Director of CNS.*