

**Abilene Christian University
Conflict of Interest Disclosure Statement**

Name: _____ Title: _____

Department/ Office: _____

I, the undersigned, have reviewed and understand the Conflict of Interest Policy for employees of Abilene Christian University. I recognize that I am expected to devote my best efforts to the interests of the University and the conduct of its affairs and to avoid both actual and apparent conflicts of interest that may interfere with my responsibilities or obligations to the University or oppose the best interests of the University.

Please complete either section A or B and sign and date below:

A. To my knowledge, I am not involved in any situation which may constitute an actual or apparent conflict of interest ____ (initial here)

B. In keeping with the Conflict of Interest Policy, I hereby disclose to my immediate supervisor the following situations which may constitute an actual or apparent conflict of interest (State all relevant information):

I understand that I may also attach any materials related to this situation that I think will assist in the evaluation of whether the situation presents a conflict of interest.

Signature: _____ Date: _____

For Immediate Supervisor/Department Chair's Use Only

- (1) Was it determined that a conflict of interest exists? Yes No
- (2) If a conflict of interest exists, what conditions or restrictions, if any, will be imposed to reduce or eliminate such conflict?

Immediate Supervisor's Name: _____

Signature: _____ Date: _____