

**LOYOLA UNIVERSITY NEW ORLEANS
EMPLOYEE CONFLICT OF INTEREST DISCLOSURE FORM**

In order to identify and review conflicts of interest or the appearance of conflicts of interest all faculty, staff, officers and administrators are required to disclose, in the space provided below, any business or financial relationship they or members of their families have or propose to have with the University, either directly or through another entity.

The following guidelines are provided to assist individuals completing the form to determine the types of relationships that should be disclosed. This list is not meant to delineate all situations or relationships that may present a real, potential, or apparent conflict of interest.

- a. a family member includes an employee's spouse, domestic partner, ancestors, children, grandchildren, great grandchildren, siblings (whether by whole or half blood); spouses of children, grandchildren, great grandchildren, siblings; and any person with a close, personal relationship.
- b. significant interest in another business or entity includes any corporation or organization of which you are a board member, trustee, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. a financial interest includes anything of monetary value equal to or greater than \$250, including unsolicited gifts, gratuities, payment for professional services, etc.

1. NAME OF EMPLOYEE OR BOARD MEMBER: (Please print)

NAME: (Last, First) _____

TITLE: _____

EMAIL: _____; PHONE: _____

2. POSITION:

- _____ staff
- _____ faculty
- _____ administrator

3. If you are a University employee, please provide the name of your direct supervisor:

4. If you are updating a previous disclosure, please state the disclosed relationship or situation, and communicate any material changes that have occurred since the previous disclosure.

“Example: In 2012 I disclosed that my father, John Smith, owns a company (JS Smith, Inc.) that my department could use as a vendor. Since then, my department has made a \$399 purchase from this company. Also, please note (question 3) that my supervisor has changed.”

If you have no new disclosures to make, you may skip to the CERTIFICATION section at the end of this document.

5. Do you have a significant interest or financial relationship in a business, firm or organization that may have business dealings with Loyola? YES _____ NO _____

If YES, complete the section below. If NO, skip to Question 6.

Name of the Entity: _____

Address: _____

Phone Number: _____

Date that the relationship was established: _____

Nature of your Family Member’s Interest in the entity: _____

Who, if anyone, approved and monitors this relationship on behalf of the University?

6. Do you have family members (as defined above) who have a financial interest in or works for a business, firm or organization that may have business dealings with Loyola?

(In the case of a close friend or relation who does not specifically fall into this policy’s definition of family member, you are asked to disclose information if your association with this person could reasonably appear to a third party to represent a conflict of interest, whether or not you believe that one actually exists. The intent of this request is to protect you and the university from potential embarrassment caused by an apparent conflict of interest.)

YES _____ NO _____

If YES, complete the section below. If NO, skip to Question 7.

Relatives Full Name: _____

Relationship: _____

Name of company or business: _____

Who, if anyone, approved and monitors this relationship on behalf of the University?

7. In the past year, have you or has any family member who resides with you in your home received a gift valued at over \$250 from a representative of a business, firm, or organization that may do business or seek to do business with the University or that may seek other forms of association with, or benefits from, the University?

YES _____ NO _____

If YES, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by the Conflict of Interest Committee?

YES _____ NO _____

If YES, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HEREBY CONFIRM that I have read and understand Loyola University New Orleans's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my knowledge. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will immediately notify the Director of Grants and Research (Chair of the Conflict of Interest Committee).

Signature

Date