## Conflict of Interest Management Plan



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| Faculty/Staff Member Information |
| Faculty/Staff Name: |       | Chair/Supervisor: |       |
| Department/Unit: |       | Dean/ Unit Head: |       |
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| Conflict Statement & Management Plan |
| **Statement of Conflict:** | * Specify the role(s) and principal duties of the employee, and the situation affected by a conflict of interest
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| **Management Plan:** | * List all conditions of the management plan and how it is designed to safeguard objectivity.
* Provide specifics about how will the management plan be implemented and monitored to ensure compliance.
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|       |
| **Person(s) acting on behalf of, or supervising, the employee role(s) for which there is a conflict of interest:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  Signature | Date |

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| Acknowledgement of Conflict & Management Plan |
| By signing this form, you confirm that you understand and concur with the management plan for the conflict of interest as detailed above. |
| Faculty/Staff Signature: | Date |
|  |  |
| Department Chair/Supervisor: | Date |
|  |  |
| Dean/Unit Head Signature: | Date |
|  |  |
| RO Official: | Date |
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