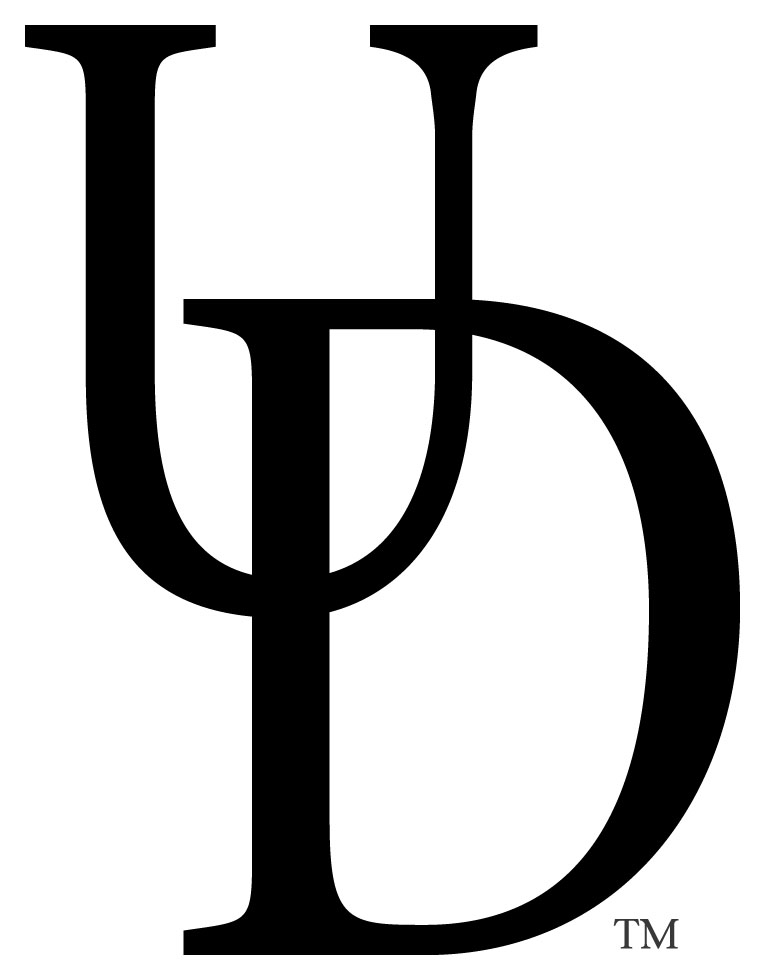
## Conflict of Interest Management Plan



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty/Staff Member Information | | | | | | |
| Faculty/Staff Name: |  | | Chair/Supervisor: | |  | |
| Department/Unit: |  | | Dean/ Unit Head: | |  | |
|  | | | | | | |
| 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 | | | |
|  | | | | | | |
| **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. | | | |
|  | | | | | | |
| **Person(s) acting on behalf of, or supervising, the employee role(s) for which there is a conflict of interest:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| |  |  | | --- | --- | | Signature | Date | | | | | | | |
| 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 | | |
|  | | | |  | | |