

**University of Connecticut**  
**CONFLICT OF INTEREST DISCLOSURE**

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*The State Code of Ethics for Public Officials states a conflict of interest exists when a state employee, in the discharge of their official duties, is required to take an action that would affect a financial interest of the employee, the employee's family member (spouse, parent, sibling, child or spouse of a child), or a business with which the employee is associated with. If presented with a conflict of interest, the Code requires employees to prepare a written statement describing the matter and the nature of the conflict and deliver a copy to their immediate supervisor. The supervisor shall assign the matter to another employee who does not directly or indirectly report to that individual.*

This form is intended to assist employees with meeting the above statutory requirements, as well as compliance with the University "Policy on Employment and Contracting for Service of Relatives". Any questions should be directed to the Office of Audit, Compliance & Ethics at (860) 486-4526.

To Complete the Form:

1. **Employee** – complete section 1 and provide a copy to your immediate supervisor.
2. **Supervisor** – complete section 2 and forward to the Senior Manager for final review and approval.
3. **Senior Manager** – complete section 3 and send original to the Office of Faculty & Staff Labor Relations.  
A copy should be retained and another provided to the Employee for his/her records.

**Section 1 DISCLOSURE**

Required Action (examples: making a hiring or merit decision; contract award decision):

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Name and Relationship of Family Member Affected or Associated Business:

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Description of Potential Financial Impact:

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2 PROPOSED CONFLICT RESOLUTION PLAN**

Duties Assigned to: \_\_\_\_\_

Action taken to resolve conflict: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Supervisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Section 3 REVIEW AND APPROVAL**

I have reviewed the disclosure for with the Office of Faculty & Staff Labor Relations and agree with the proposed conflict resolution plan.

I have reviewed the disclosure form with the Office of Faculty & Staff Labor Relations and modify the proposed plan as follows:

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\_\_\_\_\_

\_\_\_\_\_

*Senior Manager's Signature:*

\_\_\_\_\_ *Date:* \_\_\_\_\_

Copy to:       Office of Faculty & Staff Labor Relations  
                  Senior Manager  
                  Employee