



OFFICE OF DIVERSITY & EQUITY

CONFLICT OF INTEREST DISCLOSURE

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 statutory requirements, as well as compliance with the University's "Policy on Nepotism in Employment" approved on September 19, 2013.

To Complete the Form:

1. **Search Committee Participant** – complete section 1 and provide a copy to your immediate supervisor.
2. **Search Committee Chairperson** – complete section 2 and forward to the Office of Diversity and Equity for final review and approval.
3. **Chief Diversity Officer** – complete section 3 and send original to the Human Resources Office. A copy should be retained and another provided to the Search Committee Participant for his/her records.

Name of Search Committee Participant/Employee:

First/Last Name:	
Position No.:	
Position Title:	

Section 1 DISCLOSURE

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

Name and Relationship of Applicant Affected:

Description of Potential Impact with Employment/Search Committee Participation:

Employee Signature: _____ Date: : ___/___/_____

181 WHITE STREET, DANBURY, CONNECTICUT, 06810

WWW.WCSU.EDU/DIVERSITY/

WESTERN CONNECTICUT STATE UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



OFFICE OF DIVERSITY & EQUITY

Section 2 PROPOSED CONFLICT RESOLUTION PLAN

Report Date: ___/___/_____

Action taken to resolve conflict:

Chairperson of Search Committee Signature: _____ Date: ___/___/_____

Section 3 REVIEW AND APPROVAL

- I have reviewed the disclosure form with the Ethics Officer/Human Resource Office and agree with the proposed conflict resolution plan.
- I have reviewed the disclosure form with the Ethics Officer/Human Resource Office, and modify the proposed plan as follows:

COMMENTS:

Chief Diversity Officer Signature: _____ Date: ___/___/_____

Original Copy filed:
Human Resources Office (search record)

Copy to:
Search Committee Participant
Office of Diversity and Equity