

THE UNIVERSITY OF TENNESSEE
Faculty and Staff
OUTSIDE INTERESTS DISCLOSURE FORM

NAME _____ **PERSONNEL NO.** _____
TITLE _____ **CAMPUS/INSTITUTE** _____
DEPARTMENT _____ **COST CENTER** _____

Instructions: This form is for the University of Tennessee faculty and staff to disclose outside interests as required by the University's conflict of interests policy (Policy FI0125). An interest must be disclosed if it

- 1. exists at the time of this filing;**
- 2. existed during the previous twelve months; or**
- 3. you expect to acquire during the next twelve months.**

Please answer the questions below, then print, sign, and date the form. Give the completed form to your supervisor for completion of the Review Section and transmittal to the appropriate office according to campus/institute procedures. If you have any questions, please consult your campus/institute chief business officer, human resources officer, or the General Counsel's office.

YOUR INTERESTS

1. Do you hold an office, directorship, or employment in an outside organization? YES NO

Name of organization(s): _____

Position(s) held: _____

Business of the organization(s): _____

If officer or director, list the amount of compensation: _____

2. Do you receive consulting income or honorariums totaling \$10,000 or more from a single source YES NO

Source(s): _____

Business of the organization(s): _____

Total compensation from each source: _____

3. Do you hold any intellectual property rights? YES NO

Description of rights: _____

4. Do you hold more than a 5 percent financial interest in any outside venture (including publicly held corporations)? YES NO

Name of venture(s): _____

Business of the organization(s): _____

5. Have university employees or students performed any personal services for you? YES NO
Services performed: _____
Name of employee(s): _____
Name of students(s): _____

6. Does any organization or venture listed in your response to items 1-5 compete or do business directly or indirectly with the university? If so, please explain: _____

7. Are your responsibilities for any of the organizations or ventures listed in your response to items 1-5 similar to or potentially affected by your university responsibilities? If so, please explain: _____

INTERESTS OF SPOUSE, PARENTS, AND CHILDREN

8. Do your parents, spouse, or children hold an office, directorship, or employment in an outside organization that conducts business with the university or that would be affected by your university responsibilities? YES NO

Name of organization(s): _____
Position(s) held: _____
Business of the organization(s): _____

9. Do your parents, spouse, or children receive consulting income or honorariums totaling \$10,000 or more from a single source that conducts business with the university or that would be affected by your university responsibilities? YES NO

Source(s): _____
Business of the organization(s): _____
Total compensation from each source: _____

10. Do your parents, spouse, or children hold intellectual property rights? YES NO
Description of rights: _____

11. Do your parents, spouse, or children hold more than a 5 percent financial interest in any outside venture (including publicly held corporations) that competes or does business with the university or that would be affected by your university responsibilities? YES NO

Name of venture(s): _____
Business of the organization(s): _____

12. Have students or university employees performed any personal services for your spouse or children? **YES** **NO**

Services performed: _____

Name of employee(s): _____

Name of student(s): _____

13. **Describe any actual or potential conflicts between the outside interests or activities disclosed on this form and your duties and responsibilities to the university and sponsoring organizations. Also, please provide any other information about outside interests that you wish to disclose.**

I understand that if I acquire an interest during the year that requires disclosure, I will take the initiative to disclose it. I also understand that I must complete a new form annually as long as an interest I have previously disclosed exists. I acknowledge that I have read and understand the university's conflict of interests policy and have made all necessary disclosures.

Employee

Date

FORWARD SIGNED FORM TO IMMEDIATE SUPERVISOR

REVIEW OF DISCLOSED OUTSIDE INTERESTS

1. Department Head or Other Immediate Supervisor

YES NO UNSURE

Did the employee answer **YES** to any questions?

If **YES**, in your opinion, does the information disclosed represent a conflict of interests with the employee's university responsibilities or activities with sponsoring organizations?

If **YES** or **UNSURE**, describe the conflict or potential conflict and your recommendation for resolving or monitoring it (or attach a separate document).

Department Head/Supervisor Signature

Print Name

Date

FORWARD SIGNED FORM TO THE CAMPUS/UNIT CHIEF BUSINESS OFFICER OR DESIGNEE

2. Chief Business Officer or Designee:

Whether or not a conflict is found, some action may be required to reduce the potential or the appearance of a conflict of interests. Complete the information below indicating if action is needed and/or being taken.

Fiscal Year Begin Date _____ **(MMDDYY)**

Disclosure Code: _____ (If C, comments are required below.)

N = No disclosure

Y = Interests disclosed, but no conflict identified

C = Conflict or potential conflict identified and action required

Comments or Action to be taken (or attach a separate document):

Chief Business Officer or Designee Signature

Date

FORWARD SIGNED FORM TO HUMAN RESOURCES

(Revision 10-12-07)