

THE UNIVERSITY OF SCRANTON  
CONFLICT OF INTEREST/CONFLICT OF COMMITMENT DISCLOSURE  
FORM

research and public service.

A Conflict of Commitment arises when the outside activities of an employee are so substantial or demanding of the staff member's time and attention as to interfere with the individual's responsibilities to the department in which the individual works, to students, or to the University.

Employees must safeguard their university responsibilities against an actual or apparent Conflict of

EMPLOYEE INFORMATION

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Name

Department

Royal ID No.

Position Title

Campus Phone No.

Email Address

1. Do you or any member of your immediate family have a current or potential involvement in a financial or other relationship that directly or indirectly is in a position to influence University business, research or other decisions in ways that could lead to gain for the employee, the employee's family, or the University, or to the detriment of the University's integrity and its mission of teaching,

Indicate business entity's name, name of owner or manager, and relationship to employee or the employee's immediate family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Do you or any member of your immediate family possess a significant ownership interest or management function in an organization or entity conducting business with the University?

Yes  No

If you answer yes, please complete the following:

Indicate the organization or business entity's name, relationship to the employee or the employee's immediate family member, the annual amount of any profits or compensation, market value of any equity, and any intellectual property rights: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. Do you or any member of your immediate family have the potential for material, financial, or other benefit from knowledge or information confidential to the University?

Yes  No

If you answer yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. Do you or any member of your immediate family have an economic interest in any vendor, contractor, or business entity with which the University does business or is likely to do business, for which you have opportunity to influence a related University decision?

Yes  No

If you answer yes, please complete the following:

Indicate business entity's name, relationship to the employee or the employee's immediate family, the annual amount of any profits or compensation, market value of any equity, and any intellectual property rights: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. Do you have any other apparent or real conflict, financial or otherwise, that may compromise your decisions or judgment in carrying out your responsibilities as a University employee?

Yes  No

If you answer yes, please explain:

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6. At any time in the past twelve months have you or has any member of your immediate family received any gift (other than promotional items or an occasional meal) or unusual hospitality from any source from which the University buys goods or services or otherwise has significant business dealings?

Yes  No

If yes, please describe the nature of the gift and the business entity and person giving the gift.

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7. At any time in the past twelve months have you or has any member of your immediate family given any gift (other than promotional items or an occasional meal) or unusual hospitality to any source from which the University buys goods or services or otherwise has significant business dealings?

If yes, please describe the nature of the gift and the business entity and person to whom the gift was given.

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I confirm that I have received and read the University of Scranton Conflict of Interest/Conflict of Commitment Policy (also located on the Office of General Counsel website), and that the answers on this form are accurate to the best of my knowledge. I will update this disclosure promptly if my circumstances change, either because of a change in my or my family's financial interests, a change in my University activities, or any other change that could affect the fact or appearance of a conflict. I understand that any change in my outside activities that could create a conflict of commitment with assigned University duties will also be reported.

EMPLOYEE'S SIGNATURE (full legal name):

\_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT HEAD'S ACKNOWLEDGEMENT

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Acknowledgement by the employee's Department Head indicates that he or she is aware of any real or apparent Conflict of Interest and/or Conflict of Commitment and intends to manage the situation so that:

the employee does not have an opportunity to influence the University's business or financial decisions in ways that could lead to personal gain or give improper