



CONFLICT OF INTEREST DISCLOSURE STATEMENT

NAME: _____ **T#:** _____

DEPARTMENT: _____ **TITLE:** _____

***Routing:** Submit this form to your department chair or supervisor, who in turn, will submit the form through normal administrative channels to the office of their department's vice chancellor. Vice chancellors will submit the forms to the Department of Human Resources to be maintained there for at least three (3) years from the date the disclosure form is filed or the date of any document resolving the conflict, whichever is later.*

I have read the University of Arkansas at Little Rock (UA Little Rock) Conflict of Interest Policy and recognize that as an employee of UA Little Rock I occupy a position of trust with respect to the institution and have an obligation to discharge my duties with good faith, diligence, fidelity and loyalty.

In accordance with that policy, I wish to disclose the following situation which may constitute an actual or potential conflict of interest not previously disclosed to my supervisor in a Disclosure Statement (state all relevant information):

I have attached any materials related that I think will assist in the evaluation of whether or not it does present a conflict of interest.

Signature: _____ **Date:** _____

Reviewed by:

Supervisor Name (print): _____

Signature: _____ **Date:** _____

Approved by:

Vice Chancellor Name (print): _____

Signature: _____ **Date:** _____