



CONFLICT OF INTEREST 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 - including the duty to disclose any actual or potential conflict of interest.

As required by UA Little Rock, I hereby attest that, to my knowledge, there does not now exist any conflict between my own interests and those of UA Little Rock, that I shall report to the University any instance of a conflict or apparent conflict that may arise between my own interests and those of the University, and that I will never knowingly harm the interests of UA Little Rock given my good faith understanding of those interests.

I will notify the University of Arkansas at Little Rock in writing of any changes in or additions to the information disclosed above.

Further, I HEREBY CERTIFY that I have read the University's Conflict of Interest Policy and understand my obligations to comply with it.

Signature: _____

Date: _____