

Statement of Disclosure of a Conflict of Interest and/or Conflict of Commitment Ball State University

Instructions to Employees: Please review the Ball State University Policy on Conflict of Interest and Conflict of Commitment (the "Policy") prior to completing this form. Copies of the Policy and associated documents are on file in each department. Terms that appear in bold in Parts II and III are defined in the Policy. If you wish to maintain confidentiality, please submit this form in a sealed envelope marked "Conflict of Interest or Conflict of Commitment Disclosure – Confidential." [Confidentiality can only be assured to the extent permitted under the Indiana Access to Public Records Law, Indiana Code §5-14-3.] Complete this form by filling in the blanks in Part I and by indicating "Yes" or "No" in response to the questions in Parts II and III. If your answers to all of the questions in Parts II and III are "No," no further information is required. If your answer to any of the questions is "Yes," provide an explanation as described in the paragraph following Part III. Attach additional pages if necessary. Submit the complete disclosure to your department head or other supervisor.

PART I – INFORMATION CONCERNING EMPLOYEE AND DISCLOSED ACTIVITY

Employee's Name:

Title:

Department/Unit:

Campus Address:

Telephone Number:

Email Address:

Briefly describe the activity for which this disclosure is being made:

PART II -- CONFLICT OF INTEREST

Definition: Under the Policy, a "conflict of interest" exists when a **University employee** is in a position to influence, either directly or indirectly, **University** business, research or other decisions in matters in which the **employee** or a **dependent** of the **employee** has a **significant financial interest**.

- Yes Do you or any of your **dependents** have (or expect to have in the immediate future) a **significant financial interest** in a business or enterprise that provides goods or services to the **University** or which competes with the services provided by the **University** or its mission? [Note: if you have a "pecuniary interest" (involving \$250 or more) in, or derive a profit from, a contract or purchase connected with the **University**, you may also be required to file a disclosure form in the Office of the Vice President for Business Affairs and Treasurer under the Indiana Conflicts of Interest Law, Indiana Code §35-44-1-3.]
- No
- Yes Do you make (or expect to make in the immediate future) any decisions concerning the hiring, assignment, compensation, tenure, or other conditions of employment of any of your **dependents**?
- No
- Yes Do you or any of your **dependents** have (or expect to have in the immediate future) a **significant financial interest** in, serve on the board of directors of, or have any employment or consulting relationship with, any business, organization or public or private agency from which you expect to receive support for research or a sponsored project?
- No

Yes [Applies only to full-time **Employees**] Do you engage (or expect to engage in the immediate future) in any business or other **outside activity** for which you receive salary, royalties or other payments for services meeting the definition of a **significant financial interest** that impact (or may appear to impact) your **University responsibilities**?

No

Yes Do you engage (or expect to engage in the immediate future) in any other activity that constitutes (or may constitute) a **conflict of interest**, as defined above?

No

PART III – CONFLICT OF COMMITMENT

Definition: Under the Policy, a “**conflict of commitment**” arises when a **University employee’s activities outside of the University** affect -- or appear reasonably likely to affect -- the manner or extent to which the **employee** carries out his or her **University responsibilities**.

Yes [Applies only to full-time **Employees**] Do you engage (or expect to engage in the immediate future) in any **outside activities** that deviate from the requirements of Section III(3) of the Policy or the General Policy on Outside Faculty Activities and Extra Compensation?

No

Yes Do you use (or expect to use in the immediate future) any **University** resources in the performance of any **outside activity**?

No

Yes Do you engage (or expect to engage in the immediate future) in any other activity that constitutes (or may constitute) a **conflict of commitment**, as defined above?

No

If your answer to any of the questions in Part II or Part III is “Yes,” please provide all information that is relevant to your response and which might assist the University in dealing with a perceived or actual conflict of interest or conflict of commitment. For example, where applicable, you should identify the nature of the business or other outside activity, the nature of your significant financial interest or other relationship, or that of your dependent, including any positions you or your dependent holds or has been offered, and the nature of your University activities insofar as they relate to or involve the business or other outside activity. You should also describe the involvement of any University resources in any such outside activity. Please be as specific as possible.

I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge, that I have read and understand my obligations under the University’s *Policy on Conflict of Interest and Conflict of Commitment*, and that I will comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest or conflicts of commitment. I will submit an updated disclosure promptly if my circumstances change.

Employee’s Signature: _____ Date: _____

Department Head's or Other Supervisor's Action (including, if applicable, recommendations of conditions or restrictions which might be used to manage, reduce or eliminate an actual or perceived conflict. Attach additional pages, if necessary):

Department Head's or Supervisor's Signature: _____

Date: _____

Dean's or Other Official's Action (including, if applicable, endorsement and/or comments concerning recommendations of department head or other supervisor):

Dean's or Other Official's Signature: _____

Date: _____

Policy Coordinator's Action (including, if applicable, endorsement and/or comments concerning recommendations of department head or other supervisor):

Policy Coordinator's Signature: _____

Date: _____

President's Action: Approved Disapproved

President's Signature: _____ Date: _____