

Outside Financial Activity Disclosure

This disclosure form must be completed by all salaried employees and filed with department/unit heads no later than September 15 of each year. This disclosure statement covers the time period between Sept. 15 of the current year and Sept. 14 of the next year. **If additional activities arise during the year, supplemental forms must be filed.**

Name: _____ SSN: _____

Title: _____ Dept.: _____

The purpose of this disclosure statement is to ensure that direct and indirect financial interests do not conflict with, compromise, or inappropriately influence an employee’s performance of University duties. Disclosure is not intended to inhibit professional activities, but to inform administrators (i.e., department/unit heads, deans/supervisors or the Provost) of the facts necessary to determine if a potential conflict of financial interest exists so that they may resolve the problem.

A conflict of interest exists when an employee’s direct or indirect financial interests conflict with or compromise his or her employment responsibilities. Employees may not use their institutional position or affiliation for personal gain, or for the benefit of family members, to the detriment of the University.

Please list all outside activities for the year (scheduled and projected) that may present a conflict of financial interest or the appearance of a conflict of financial interest:

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1. I have a consulting relationship*, executive position or a significant financial interest** in:

a) _____ A business that markets, produces, or has in pre-market testing a commercial product or product line that my work at the university would either evaluate or further develop.

b) _____ A business that does business with the university and which business I am in a position to influence

c) _____ A sponsor of my research

d) _____ None of the above

(check all that apply)

* Includes situations in which income is transferred to members of your family. No information is required for honoraria from an occasional lecture or from isolated, non-recurring activities that result in payments which do not exceed \$250¹ from a state agency or \$1,000 from another source during any calendar year, unless these activities present the potential for a conflict of interest.

**Significant financial interest in one in which you and/or any member of your family owns shares whose total market value is greater than \$50,000 or which represents an ownership interest of 5% or more.

If you checked a), b), or c), please describe: (attach additional pages as necessary)

2. _____ I do
_____ I do not

have any financial or fiduciary interests, relationships, commitments, or activities, that in any way compete with the university.

If you checked "do", please describe: (attach additional pages as necessary)

¹ See O.C.G.A. 45-10-20 through 45-10-28

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3. _____ I do
_____ I do not

have any non-university income-producing activities involving university students or staff who are currently under my supervision or direction.

If you checked “do”, please describe: (attach additional pages as necessary)

The above is an accurate and current statement of my reportable outside interests and activities.

Signature _____ Date: _____

The disclosed activities do not represent a conflict of interest.

Signature of Department/Unit Head [] Approve Date: _____
[] Disapprove

Signature of Dean/Supervisor [] Approve Date: _____
[] Disapprove

After all signatures are obtained, one copy is to be retained by the Dean/Supervisor, another copy by the Dept./Unit head, and another copy by the salaried employee.