

## Supplement to

### Outside Financial Activity Disclosure

All salaried employees must complete this supplemental disclosure form when new outside activities and/or changes in previously disclosed activities occur.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Title: \_\_\_\_\_

Dept.: \_\_\_\_\_

Please list previously undisclosed outside activities and/or indicate changes in disclosed outside activities that may present a conflict of financial interest or the appearance of such:

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.