

## CONFLICT OF INTEREST MANAGEMENT PLAN

### EMPLOYEE INFORMATION

Employee Name:

Position:

### CONFLICT OF INTEREST

The employee and line management should complete the following written plan to reduce, eliminate, or manage each conflict of interest and conflict of time commitment identified.

Description of potential conflicts:

Potential impacts of the conflict(s) on work responsibilities:

Specific plan arranged between the employee and immediate supervisor to manage, reduce, or eliminate the conflict(s):

Effective Period of this Management Plan (one year):

**APPROVALS**

Employee Signature:

Print Name:

Date:

Supervisor Signature:

Print Name:

Date:

Dean/Dept. Chair/Director Signature:

Print Name:

Date:

Updated December 2024