

Department of Human Resource Management
Conflict of Interest Clearance Form

CONFIDENTIAL INFORMATION: Information disclosed herein is for confidential administrative use only and will not be discussed outside of the chain of command. Signatures attest reading and understanding of Department of Human Resource Management policy, R477-9, and U.C.A. 67-16-1 et.seq.

Section I – Employee

I, _____, hereby declare that I am involved in the following activity (employment, membership, business venture, etc.) which I feel does not constitute a conflict of interest for the reason(s) indicated:

Where possible conflicts of interest may exist, I will take the following steps to insure that no conflict occurs:

Signature

Date

Section II – Supervisor

I have read the above and agree that it appears no conflict of interest exists.
 disagree

Comments or restrictions assuring such a conflict cannot occur:

Immediate Supervisor

Date

Section III – HR Field Office Manager or Admin Director

I have read the above and agree that it appears no conflict of interest exists.
 disagree

Comments or restrictions assuring such a conflict cannot occur:

Field Office HR Manager / Admin Director

Date