EMPLOYEE CONFLICT OF INTEREST FORMS

I. **Exhibit Title** – Declaration of Conflict of Interest Form and Conflict of Interest Agreement

II. **Exhibit Contact** – Director of Human Resources

III. **Exhibit** – See Exhibit on next page

Board Approved 2/9/2022
Declaration of Conflict of Interest Form

Employee’s Name: ________________________________
Department: ________________________________
Date: ______________________

I, ________________________________ [name], hereby declare the following actual or potential conflict of interest:

1. Description of the situation giving rise to the actual or potential conflict of interest:

2. Name of company(s) or individual(s) involved with the actual or potential conflict of interest:

3. Nature of personal interest or involvement with the company(s) or individual(s):

4. Any additional relevant information:

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

_______________________________________________  __________________
Employee’s Signature                      Date
Conflict of Interest Agreement

Employee’s Name: ______________________________________

Department: ______________________________________

Date: ______________________

A written notification of conflict, dated ______________, was received from ______________ [employee name]. The request was reviewed with the employee’s supervisor, the Director of Human Resources, and the President on ______________.

It has been determined that the following actions, if any, will be taken to mitigate the actual or potential conflict of interest:

__________________________________________________________

Employee Signature

Date

__________________________________________________________

Supervisor’s Signature

Date

__________________________________________________________

Director of Human Resources’ Signature

Date

__________________________________________________________

President’s Signature

Date