

Western Dakota Technical College Exhibit Number: 1015.Exhibit.002

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; Committee Reviewed 7/9/2024

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