

Western Dakota Technical College Exhibit Number: 9020.Exhibit.02

## CONFLICT OF INTEREST EMPLOYEE FORMS

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

**II. Exhibit Contact** – Senior Human Resources Generalist

**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, Senior Human Resources Generalist, 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

\_\_\_\_\_  
Senior Human Resources Generalist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date