

THE UNIVERSITY OF TENNESSEE
Faculty and Staff
OUTSIDE INTERESTS DISCLOSURE FORM

NAME _____

TITLE _____

CAMPUS/UNIT _____

DEPARTMENT _____

Instructions: This form is for The University of Tennessee faculty and staff to disclose outside interests as required by the University's conflict of interests policy. The policy may be found in Section 015 of your departmental Fiscal Policy manual, or you may view it on the Internet at: <http://solar.cini.utk.edu/ams/pdf/5015-b.pdf>. The reporting period for this form covers the **past twelve months**. When completing this form, please keep in mind that under the University conflict of interests policy, the following definitions apply:

- a. Your interest includes the interest of your spouse (whether or not you commingle assets) and the interest of any dependent children.
- b. Dependent children less than 24 years of age **and** unmarried. Non-dependent children are 24 years of age and older **or** married.

If you have nothing to report under a particular heading, write "**NONE.**" Please type or print your responses. You may attach additional pages if needed. Be sure to **sign and enter the date** on the third page of the form. Give the completed form to your supervisor for completion of the Review Section (fourth page) and transmittal to the appropriate office according to campus/unit procedures. If you have any questions, please consult your campus/unit Chief Business or Personnel Officer.

1. **OUTSIDE OFFICES, DIRECTORSHIPS, EMPLOYMENT, AND CONSULTING RELATIONSHIPS:** List any offices, directorships, and employment that you hold or expect to hold in outside organizations. Also include sources of income for honorariums and/or consulting totaling \$10,000 or more from a single source.

<u>POSITION</u>	<u>ORGANIZATION</u>	<u>SERVICES/PRODUCTS OFFERED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **OUTSIDE FINANCIAL INTERESTS:** Identify (1) any intellectual property rights you hold and (2) any outside ventures (including publicly held corporations) in which you hold more than a 5 percent financial interest. **Note:** If you are subject to National Science Foundation or Public Health Service regulations, you must also disclose equity interest exceeding \$10,000.

<u>NAME OF VENTURE/INTELLECTUAL PROPERTY RIGHTS</u>	<u>SERVICES/PRODUCTS OFFERED</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. **OUTSIDE BUSINESS OR EMPLOYMENT RELATIONSHIPS WITH EMPLOYEES/STUDENTS:** Describe any such relationships you have with other University employees or students in an outside venture. Also describe any personal services performed for you by employees or student employees under your supervision.

<u>EMPLOYEE/STUDENT</u>	<u>NATURE OF BUSINESS/VENTURE</u>	<u>YOUR RELATIONSHIP IN VENTURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Does any organization or venture listed in 1., 2., or 3. compete or do business directly or indirectly with the University?
Yes___ No___ If yes, please describe.

5. List any organization or venture in 1., 2., or 3. that parallels or is similar to your academic/professional expertise or that may be affected by your University responsibilities. Please explain.

6. List offices, directorships, employment, or consulting relationships held by your non-dependent children and parents in organizations that conduct business with the University or that would be affected by your activities for sponsoring organizations.

<u>POSITION</u>	<u>ORGANIZATION</u>	<u>SERVICES/PRODUCTS OFFERED</u>
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7. Identify any ventures (including publicly held corporations) in which your non-dependent children and parents hold more than a 5 percent financial interest **and** (1) that compete or do business with the University, or (2) that would be affected by your activities for sponsoring organizations.

REVIEW OF DISCLOSED OUTSIDE INTERESTS

10. **SUPERVISOR/DEPARTMENT HEAD:** In your opinion, does the information disclosed represent a conflict of interests with the employee's University responsibilities and activities with sponsored organizations?

Yes _____ No _____ Questionable _____

Describe the conflict or questionable outside interest and your recommendations for resolving it:

Signature _____

Date _____

11. **CAMPUS/UNIT REVIEW COMMITTEE:**

A conflict of interests found? Yes _____ No _____

Description of the conflict:

Whether or not a conflict is found, some action may be required to reduce the potential or the appearance of a conflict of interests.

Resolution or action required? Yes _____ No _____

Signature _____

Date _____

(Review Committee Chair)