Conflict of Interest Disclosure Form-Staff

I am not aware of any existing or potential conflicts of interest that might impair or reasonably appear to impair my independent, unbiased judgment in the discharge of my responsibilities to BCOM.

Signed ___________________________ Date ___________________________

If you are aware of an existing/potential conflict of interest, please fill out the appropriate section below.

I disclose to BCOM that the following existing or potential conflicts of interest might impair or reasonably appear to impair my independent, unbiased judgment in the discharge of my responsibilities to BCOM.

Signed ___________________________ Date ___________________________

I disclose to BCOM that a member of my family, or an organization in which I or a member of my family is an officer, director, employee, member, partner, trustee, or controlling stockholder has the following existing or potential interest that might impair or reasonably appear to impair my independent, unbiased judgment in the discharge of my responsibilities to BCOM.

Signed ___________________________ Date ___________________________
Administrative Review and Approval

Disclosure forms submitted containing one or more (real or perceived) conflicts, require additional review and approval, Dean/CAO or President.

_____ No conflict of interest (real or perceived) disclosed.

_________________________________________   ________________________
Office of Human Resources Signature    Date

APPROVALS

_____ Possible conflict of interest (real or perceived) disclosed, approvals required.

Administrative Comments:

_________________________________________   ________________________
Dean/CAO or President    Date