



**University of Georgia  
Conflicts of Interest  
Disclosure Form**

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**Purpose:** This form should be completed by University of Georgia (UGA) employees (faculty and staff) who have any personal, professional, or financial interest, relationship, or activity that has the potential to create an actual or apparent conflict of interest with respect to the employee's UGA duties and the employee's outside interests. Completed forms should be forwarded to your supervisor and to the appropriate Dean, Department Head, Vice President, Associate Provost, or Director of your college, school, or unit for review.

**Policy Requirement:** If disclosure is required, this form must be filled out at the time of initial hire, at the time the need for disclosure arises, and annually during the employee's performance evaluation. It is the responsibility of the employee and the employee's supervisor to discuss and address any actual or apparent conflict of interest between the employee's UGA duties and the employee's outside interests. All colleges/schools/units must retain a signed copy of the UGA Conflicts of Interest Disclosure Form and any management plan (per Board of Regents records retention guidelines).

**Please provide the information requested below:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**School/College/Unit:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Information Regarding the Business or Organization that is the Subject of this Request (Organization):**

**Name:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

2. Is the organization a vendor of the University of Georgia?  Yes  No  
"Vendor" means any person who sells to or contracts with UGA for the provision of any goods or services.

3. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a UGA employee?  
 Yes  No

If yes, please provide relevant details:

4. Do you, or members of your immediate family, have any ownership in this organization?  
 Yes  No

5. Is the organization owned by a member of the institution's faculty or staff?  
 Yes  No

If yes, please provide details:

6. In the past 12 months, have you received any of the following from this organization?  
Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel Costs                   |
| <input type="checkbox"/> Royalties              | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements |   |

Provide details of anything of value received:

**I hereby swear or affirm that the information provided above is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of submitting employee**

\_\_\_\_\_  
**Date**

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*To be completed by authorizing representatives:*

**Review by employee's immediate supervisor: \_\_\_\_\_ Completed**

**Supervisor's Name: \_\_\_\_\_**

**Conflict of Interest Management Plan, including restrictions:**