

**Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696**

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Briefly describe in an attachment the type of non–University employment or activity proposed. Include those activities that **could** reasonably appear to directly affect and/or be affected by your University responsibilities.

Estimated dates: \_\_\_\_\_

Estimated days involved per year: \_\_\_\_\_

**Employee Affirmation:**

In submitting this form, I affirm that I have read and understand the University Policy on Conflict of Interest and Conflict of Commitment: Non University Activities and Financial Interests as well as the Illinois State Ethics Act. My signature affirms my familiarity and compliance with the policy and the completeness and accuracy of my responses. I agree to comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest and/or conflicts of commitment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Approval:**

I \_\_\_ approve/ \_\_\_ do not approve the Proposed Non-University Activities and Financial Interests.

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Name (Please print)

3/15/19