

Potential Conflict of Interest Disclosure Form

Baldwin Wallace University Policies on “Non-University Work” and “Conflict of Interest”

Baldwin Wallace University respects the rights of all University employees to engage in activities outside the normal scope of employment, so long as those activities do not conflict with or reflect adversely on the University’s interests. Faculty and professional staff may be most vulnerable to potential conflicts of interest. Policies regarding disclosure of potential conflicts of interest may be found in several places in the Faculty Handbook (See 2005 edition of the *Baldwin Wallace University Faculty Handbook* pages 67-69 and 97-98). Briefly, it is prohibited for faculty or professional staff to be involved with another school or commercial/noncommercial enterprise to a degree or in a manner that diminishes the effectiveness of teaching, scholarly work, academic advising, or Baldwin Wallace University service.

Employees must disclose all of their involvements with the work of other schools or commercial/noncommercial enterprises that may take time from University responsibilities or may directly, or indirectly, have a negative impact on (or be perceived to have a negative impact on) the University. This addendum will serve as a guide to those individuals who must disclose potential conflicts of interest.

Prior to engaging in an activity, a Disclosure Statement must be completed by the employee and forwarded to the employee’s immediate supervisor (ordinarily, a department chairperson) for review and signature to affirm the employee’s compliance with the University’s Policy on Conflict of Interest. If a Disclosure Statement is not initiated by the employee, it may be requested by the immediate supervisor or appropriate Vice President. This document will then be reviewed by the appropriate Vice President in the employee’s line of supervision. This Vice President will decide if the apparent conflict harms the University in any way. If not, the Vice President will sign the disclosure and forward it to the President to be filed for three years or until the termination of the activity, whichever is longer.

If it is determined that the external involvement is in violation of the University’s Conflict of Interest Policy, the employee, faculty, or professional staff member will be required to cease involvement in such activities or resign their position from the University. If a resignation is not provided, failure to comply with the Conflict of Interest Policy will be considered breach of contract and the employee may be dismissed for cause.

If an employee refuses to complete a Disclosure Statement in good faith, s/he may be dismissed for cause.

Potential Conflict of Interest Disclosure Statement

Date: _____

Name: _____

Department: _____

Describe the potential conflict of interest in the space provided below (attach additional sheets, as necessary). As a minimum, describe the work to be done, say whether the work is for pay or is done on a *pro bono* basis, comment if the work supports your professional development and/or benefits the University in any way, specify if/how the work impacts your work at Baldwin-Wallace University (e.g., if classes will need to be canceled) and if University resources are being used in the work.

____ I have read the Conflict of Interest Policy and declare that my work outside Baldwin-Wallace University presents no conflict of interest. Neither, in my opinion, will there be an appearance of a conflict of interest with my University employment. Should a conflict of interest arise during the course of my University employment, I will promptly complete a new Conflict of Interest Disclosure Statement.

____ (Faculty/Staff Member's Name – Please print)
____ (Faculty/Staff Member's Signature) _____ (Date)

____ I have reviewed the employee's disclosure as well as the signed statement above and, based on the information provided by the employee, I judge that the employee **is/is not** (circle one) in compliance with the University's Conflict of Interest policy.

____ (Supervisor's Name/Title – Please print)
____ (Supervisor's Signature) _____ (Date)

____ I have reviewed the employee's disclosure as well as the signed statement above and, based on the information provided by the employee, I judge that the employee **is/is not** (circle one) in compliance with the University's Conflict of Interest policy.

____ (Vice President's Name/Title – Please print)
____ (Vice President's Signature) _____ (Date)

Approved by Officers 3/28/06