

CONFLICT OF INTEREST CLEARANCE

Confidential Information

Information disclosed herein is for confidential administrative use only and will not be discussed outside of the chain of command. Signatures attest reading and understanding of Department of Heritage & Arts Conflict of Interest Policy and U.C.A. §67-16.

Section 1: Employee

Name:

EIN:

I, the above named, hereby declare that I am involved in the following activity (employment, membership, business venture, etc.) which I feel does not constitute a conflict of interest for the reason(s) indicated:

Where possible conflicts of interest may exist, I will take the following steps to ensure that no conflict occurs:

Employee Signature:

Date:

Section II: Supervisor

I have read the above and agree / disagree that it appears no conflict of interest exists.
Comments or restrictions assuring such a conflict cannot occur:

Supervisor Signature:

Date:

Section III: Division/Office Director

I have read the above and agree / disagree that it appears no conflict of interest exists.
Comments or restrictions assuring such a conflict cannot occur:

Director Signature:

Date:

Exec. Director or Designee
Signature:

Date:

Send completed form to Agency HR Office for placement into employee's file