

Chicago State University
Office of Financial Affairs ADM213
9501 S. King Drive Street
Chicago, IL 60628

CONFLICT OF INTEREST DISCLOSURE

EMPLOYEE NAME: _____

POSITION TITLE: _____

Please answer “yes” or “no” to each of the following questions. If you answer “yes” to any of the following questions, please provide further explanation in the space below or use the reverse side if necessary.

- | | | |
|--|-----|-----|
| 1. Are you an officer, director, partner, member, or employee of any firm or corporation with whom Chicago State University has business dealings? | Yes | No |
| | ___ | ___ |
| 2. Do you or does a member of your family* have a financial interest in, or receive any remuneration or income from, any business organization or firm with which Chicago State University has business dealings, or are you the beneficiary of a trust that receives such remuneration or income? | Yes | No |
| | ___ | ___ |
| 3. Did you or any member of your family* receive, during the past twelve months, any gifts, loans, or benefits from any source from which Chicago State University has business dealings, or are you the beneficiary of a trust that receives such gifts, loans, or benefits? | Yes | No |
| | ___ | ___ |
| 4. Are there other potential conflicts not listed above? If so, please describe. | Yes | No |
| | ___ | ___ |

* “Family” includes spouse, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law.

This form must be renewed annually.

I certify that the information contained in this document is true and complete to the best of my knowledge.

Employee Signature

Date