



## Declaration of Potential Conflict of Interest and/or Commitment

### Employee/Student Details

Name:	Employee or Student #:
Position:	Campus/Department:
Work Phone:	Other Phone (optional):
Email (work or personal per contact preference):	
Best Time to Call:	
Preferred method of Contact (i.e. cell phone, e mail):	

The NSCC Employee Conflict of Interest and Commitment Policy should be read prior to completing this form. In order that the College be able to review and manage a Conflict, it is important that any related information be reported. This will help to allow Conflict situations to withstand reasonable and independent scrutiny in a way that considers, protects and serves the interests and reputation of the College.

This form requests information that is relevant and necessary to review and assess potential Conflicts of Interest, Conflicts of Commitment or Institutional Conflicts. Human Resources may consult with you, your manager and/or other people as necessary to consider all factors when making a decision.

You may be asked to place related activities, decisions, etc. on hold pending assessment.

### Declaration

Briefly describe the situation in detail. If there is supporting material, please attach it. At a minimum, your declaration should include information regarding:

- the nature of the activity/work/decision, etc.;
- the names of any persons or organizations involved in the Conflict situation;
- an estimate of the time required to perform the activity/work or the time at which the decision must be made;
- any other relevant dates in advance of which the situation must or should be reviewed;
- the extent, if any, of the use of College facilities, supplies, support staff or students;
- any other external activities that have already been approved or which are continuing from an earlier year or any past review under this Policy;
- any relevant relationships to third parties or organizations as relevant to the Conflict situation; and
- the impact the activity/work/relationship/decision may have on teaching, research, operational and/or decision making responsibilities.

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## Signature

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I have read the NSCC Employee Conflict of Interest and Commitment Policy and I understand the requirement for full disclosure. I confirm that the information provided in this declaration, and in any supporting information submitted, are true and correct to the best of my knowledge and belief. I agree to cooperate in any review and will comply with the confidentiality requirements outlined in the Policy.

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Declarant Signature

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Date

Date: Nov. 19, 2015