

Kentucky State University
Conflict of Interest and Commitment Form
Annual Certification of Compliance
Pursuant to the Ethical Principles and Code of Conduct
Adopted by the Board of Regents on July 2014

This Form, once completed, should be returned to the applicable V X S H U Y L V R U Office. After review, the cabinet O H R should forward the signed form to Human Resources.

Name _____



4. Do you have a consulting, financial or other significant relationship with an outside organization contributing gift funds to KSU which

8. Have you created, discovered, or reduced to practice invention(s) using University resources to which title has not been assigned to the University?

No

Yes If yes, please list and explain in an attached written statement.

Entity Assigned	Description of invention

9. Have you involved any of your students or staff in your outside consulting or pro bono activities?

No

Yes If yes, please list and explain in an attached written statement.

10. Please list below and describe on an attached sheet any other relationships, commitments, or activities you or any members of your immediate family have that might present or appear to present a conflict of interest or commitment with your University appointment under the Ethical Principles and Code of Conduct, and applicable Policies, Administrative Regulations, or Guidelines. S(a) EMC /P <</MCID 171.(it)on

13. Are any of your relatives (by blood or marriage) employed by Kentucky State University?

No

Yes If yes, please list the name, position, and department of each relative.

Name	Department	Position	Type of Relationship

14. Are you employed outside of Kentucky State University by any entity that contributes to the Kentucky Retirement System (KRS) or Kentucky Teacher Retirement System (KTRS) (i.e. this includes but is not limited to other employment relationships governed by the Commonwealth of Kentucky)?

No

Yes If yes, please identify the entity name, employment relationship and dates employment

\$ S S U R S U L D W H R Y H U V L J K W O L P L W D W L R Q V R U S U R K L E L W L R Q V
official personnel file.

Supervisor Name (Print) _____

Supervisor Signature _____ Date _____

I have reviewed this document and concur with the Supervisor (check one)

No actual or potential Conflicts of Interest or Conflicts of Commitment have been disclosed.

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official personnel file.

Cabinet Official Name (Print) _____

Cabinet Official Signature _____ Date _____

This document has been reviewed and it has been determined that (check one)

No actual or potential Conflicts of Interest or Conflicts of Commitment have been disclosed.

Actual or potential Conflicts of Interest or Conflicts of Commitment have been disclosed. Appropriate oversight, limitations or prohibitions have been established and documented to the appropriate personnel.

Office of Human Resources (Print) _____

Office of Human Resources Signature _____ Date _____