STATEMENT OF DISCLOSURE OF INTERESTS

This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act and under TBR Policy 1:02:03:10.

NAME: _________________________________________ T00 ________________________

Title: ___________________________________ Department: ____________________________

Email: ________________________________

1. Do you, or a member of your family (spouse, dependent, extended relative) hold a financial interest in one or more businesses, contracts, vendors, or subcontractors connected with TSU, or from whom TSU purchases products or services? (If yes, please include details such as the name of the company, type of goods or services offered and the purchase amount or value)

   [ ] Yes   [ ] No

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Do you hold an office, directorship, or employment in an outside organization? (If yes, please include details such as the name and business purpose of the organization and position held)

   [ ] Yes   [ ] No

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. In the preceding 12 months, did you or any organization or firm with whom you were affiliated or hired, engage in compensated, registered legislative lobbying related to any educational issue? (If yes, please explain the subject matters lobbied or measures supported/opposed)

   [ ] Yes   [ ] No

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Do you, your parents, spouse or children hold more than a 5% interest in any outside venture (including publicly held corporations) that competes or does business with TSU or that would be affected by your university responsibilities? (If yes, please explain).

   [ ] Yes   [ ] No

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
5. During the preceding twelve months, did you, your parents, spouse or children receive consulting income or honorariums totaling $1,000 or more: (a) from a single source that conducts business with TSU or (b) that would be affected by your university responsibilities? (If yes, please explain).

☐ Yes ☐ No

_________________________________________________________________________________

_________________________________________________________________________________

6. Have any university students or employees performed any personal services for you (i.e. non-institutionally related tasks)? (If yes, please detail the services performed and name of the student or employee).

☐ Yes ☐ No

_________________________________________________________________________________

_________________________________________________________________________________

7. Do you hold any intellectual property (i.e. inventions and works) that was developed during the term of your employment with the university? (If yes, please detail your rights to the property below.)

☐ Yes ☐ No

_________________________________________________________________________________

_________________________________________________________________________________

8. During the preceding twelve months, on your behalf or that of a member of your household, did you knowingly solicit or accept, directly, or indirectly for personal use or consumption any gift (to include any gratuity, service, favor, food, entertainment, lodging, transportation, loan, loan guarantee) from any person or entity that: (a) has or is seeking to obtain contractual or other business with TSU or (b) has interests that may be substantially affected by your action or inaction?

☐ Yes ☐ No

_________________________________________________________________________________

_________________________________________________________________________________

I certify that the information in this disclosure is true and that it is a complete and accurate report in accordance with the Conflict of Interest Disclosure Act. I also certify that I am in compliance with the University’s Outside Employment policy (Personnel Policy 6.26), including receiving advance approval from my supervisor for any outside employment.

Signature of Employee: __________________________________________ Date: _____________________