CONFLICT OF INTEREST DECLARATION FORM

Name:	Position Title:
Division:	Contact Phone Number:
Location:	
Step 1: Complete the Employee Declaration	
Employee Declaration:	
Select the Reason for Completing the Form	
☐ Change in circumstance	□ New Employee
COI Category (Check the boxes that apply)	
Note: Scroll over the category to see the definition	
Personal Reporting: C	orporate Reporting:
☐ Outside Employment☐ Outside Activities	Gifts, Hospitality and Other Benefits Solicitation/Fundraising Donations Other
Indicate the type of COI (check all that apply)	
Real Apparent Pote	ential
Please provide details on the COI and outline the mitigation strategy in the box below:	

Date:

Employee Signature:

Step 2: Manager Review Submit the form to the manager for review. Manager to complete this section. Manager comments (if applicable): Manager Signature: Date: Step 3: Division Head Review Manager submits the form to the Division Head for review and approval. Division Head Signature: Date: Step 4: Submit Completed and Approved Form to HR

Submit the completed and approved form to your local HR manager and copy the Centre

Keep a copy for your files.

for Conflict Resolution and Ethics (CCRE).