



**SUPERVISOR: Please complete and sign and forward to Human Resources. Attach additional comments if desired.**

- I believe no conflict of interest exists.
- I believe a conflict of interest exists.

Comments: \_\_\_\_\_

- I recommend this employee file this report again on \_\_\_\_\_.  
(date)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**SECRETARY - EXECUTIVE DIRECTOR: Please complete and sign. Attach additional comments if desired.**

- No conflict of interest exists. This employee is authorized to hold the second job or consulting arrangement described in this form.
- A conflict of interest appears to exist. This employee is NOT authorized to hold the second job or consulting arrangement described in this form.
- To ensure that conflicts of interest do not occur, this employee is authorized to hold the second job or consulting arrangement described in this form under the following conditions:

\_\_\_\_\_  
Signature of Secretary - Executive Director

\_\_\_\_\_  
Date

Copy to employee   Copy to personnel file   Copy to supervisor