

## NSHE Conflict of Interest / Compensated Outside Services Disclosure Form

**Name (Last Name, First Name)**

**System Administration Unit:**

**Employee Classification:**     Full Time         Part Time                      **Type of Disclosure:**    Annual                       Update

Benefits known to an employee that may accrue to individuals in the employee's household, persons to whom the employee is related by blood, adoption or marriage within the third degree of consanguinity, or persons to whom the employee is committed in a private capacity or with whom the employee has substantial and continuing outside business relationships must be included in these disclosures.

1.     I do         I do not        perform compensated outside services (e.g. consulting, receipt of royalties or honoraria, etc.)

If you checked "do", complete the following, as applicable:

Describe the nature of compensated outside services performed:

Company / Organization for which services will be performed:

Duration of services (mm/dd/yy  through mm/dd/yy)

Describe the personal commitments required to provide these services:

Describe any significant System resources to be used in providing these services:

Briefly describe the plan to reimburse the System for use of these goods or services (attach approvals by supervisor)

2. I have a compensated or uncompensated relationship, executive position, or a significant financial interest in:

- a) A business which markets, produces, or has in pre-market testing a commercial product or product line that my System work would either evaluate or further develop.
- b) A business that does business with the System and in which I am in a position to influence that relationship.
- c) A sponsor of a sponsored project with which I am involved.
- d) Other, except as described in item number 1.
- e) None of the above

If you checked a, b, c, or d, describe:

3.     I do         I do not        have any other financial or fiduciary interest, relationship, commitment, or activity, including uncompensated activities, that present a potential conflict of interest or commitment that should be evaluated within the context of the System's Conflict of Interest Policy. (If you checked "do" describe below)

4. Are there any other matters bearing on conflict of interest or commitment that you wish to disclose to the System?

- Yes     No    If you checked "yes" please describe below.

5.  I do  I do not have a managerial or principal investigator role in a sponsored activity outside the System

If you checked "yes" please describe below.

6. Do any of the above disclosures involve sponsored projects?

Yes  No If you checked "yes" please describe below.

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**Affirmation:**

I hereby acknowledge that I have read and understand the Conflict of Interest Policy (Title 4, Chapter 10, Section 1.7) & Nevada Code of Ethical Standards, NRS 281A.400-NRS 281A.660. In submitting this form, I affirm that the above information is true and complete to the best of my knowledge.

Employee Signature

Date:

Vice Chancellor Signature (for your Respective Unit/Department)

Date:

**For HR Use Only: (Distribution: Employee, Vice Chancellor and Personnel File)**

HR Signature

Date: