

ATTACHMENT A to APM A5.504**University of Hawai'i Conflicts of Interest Disclosure Form**

This form must be completed by all employees (defined in Section II.K. of APM A5.504) as required by UH Executive Policy E5.214. Disclosures must be provided:

1. Annually by April 15;
2. Immediately when a new relationship or financial interest arises;
3. When a previous disclosure or conflict status is modified;
4. Within 30 days of new hire or appointment;
5. That exist at the time of filing; or
6. That existed during the previous 12 months;
7. For interests of the employee **and** employee's immediate family<sup>1</sup>.

Part I and Part II (if applicable) must be completed, signed, dated, and given to your supervisor for their review and signature. If assistance is needed, Supervisors will forward disclosure forms to the Office of Research Services, Compliance Section. Contact ORS if you have any questions at [compliance@ors.hawaii.edu](mailto:compliance@ors.hawaii.edu).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ School/College/Unit: \_\_\_\_\_

Department: \_\_\_\_\_

**PART I**

## 1. Ownership Interests

Do you or any member(s) of your immediate family own or control any equity interest (e.g., stock, stock options) in an entity<sup>2</sup> that could appear to be related to your institutional responsibilities?

YES      ÁNO

## 2. Offices and Positions

Are you or any member(s) of your immediate family a director, board member, officer, trustee, partner, employee, agent, or hold any other position for an entity outside the University of Hawai'i that could appear to be related to your institutional responsibilities?

YES      NO

## 3. Remunerative Activities

Do you or any member(s) of your immediate family receive income or compensation for services (e.g., fees, honoraria, loans, gifts, royalties, cash or in-kind compensation) that could appear to be related to your institutional responsibilities from any entity outside the University that when aggregated exceeds \$5,000.00 per year?

YES      NO

<sup>1</sup>"Immediate family" signifies the employee's spouse, domestic partner, or reciprocal beneficiary and dependent children.

<sup>2</sup>"Entity" signifies any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business, real estate trust, or any other legal body organized for profit or nonprofit purposes.

4. Outside Employment of Students or Staff

a) Do you employ or plan to employ any of your students or staff member(s) in an entity outside the University? **OR** b) do any students or staff member(s) participate in your non-University activities?

a) YES NO b) YES NO

5. Sponsored Travel

Have you or any members of your immediate family, received reimbursement or sponsorship for travel related to your institutional responsibilities? If so, was the total travel cost greater than \$5,000 when aggregated for each entity, or was travel sponsored or reimbursed by an outside entity (excluding federal, state, or local government agencies, institutions of higher education [as defined by 20 U.S.C 1001(a)], academic teaching hospitals, medical centers, or research institutes affiliated with an institution of higher education?

YES NO

6. Other Transactions or Facts

Do you or any member(s) of your immediate family have an interest in any contract, sale, or other transaction to which the University of Hawai'i or one of its affiliates is a party, or are there other situations, not listed above, that you believe may create a conflict of interest or commitment?

YES NO

PART I: SIGNATURE AND CERTIFICATION

**If you answered "Yes" to any of the Part I questions you MUST complete Part II of this disclosure form.**

By signing this form, I certify the following: 1) I have read and understand the University of Hawai'i Policy on Conflicts of Interest and Commitment; 2) the information in this disclosure form is an accurate and complete statement of my outside interests and activities; and, 3) I understand my continuing obligation to disclose any change(s) to my significant financial interests and other conflicts of interests that may arise after submission of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Certification**

I certify that the person named above reports to me and I have reviewed this disclosure form. To the best of my knowledge:

No conflicts of interest or commitment exist and no further action is required; or  
Potential existing conflicts have been reported and further review may be required.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_