CONFLICT OF INTEREST AGREEMENT

Employees are responsible for disclosing and resolving potential conflicts of interest, working with their supervisor and other University officials. Conflicts of interest are prohibited. Conflicts of interest include:

1. Any conflict between the personal activities of the employee and the public interests of the University, the Board of Trustees, or the State of Colorado, including conflicts of interest specified under Colorado Statutes; or
2. Any conflict between a personal activity and the full and effective performance of the employee’s duties and obligations to the University.

Any employee who proposes to engage in any compensated personal activity, or any other personal activity which the employee should reasonably conclude may create a conflict of interest, shall report to the employee’s supervisor, in writing, the details of such proposed activity prior to engaging therein. A new report shall be submitted for personal activity at the beginning of each semester and if there is a significant change in the outside activity. Per the *Handbook For Professional Personnel*, Chapter VI, C.6.b., pg. 49, the report shall include the following:

1. Specific dates of the proposed activity;
2. Name of employer or recipient of employee services;
3. Funding source;
4. Location of where the activity will be performed;
5. The nature and extent of the activity (e.g. up to 8 hours per week);
6. Any intended use of University facilities, equipment, or services.

Any employee engaging in personal activity shall take reasonable precautions to ensure that the outside employer or other recipient of services understands that the employee is engaging in such outside activity as a private citizen and not as an employee, agent, or spokesperson of the University.

The undersigned employee acknowledges receipt of this policy and has attached a report addressing the above requirements. All signatories identified below must approve if the activity is deemed acceptable.

<table>
<thead>
<tr>
<th>Print Employee Name:</th>
<th>Employee ID 900-</th>
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<tbody>
<tr>
<td>Employee Signature:</td>
<td>Date:</td>
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<tr>
<td>Print Supervisor Name:</td>
<td>Date:</td>
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<td>Supervisor Signature:</td>
<td>Date:</td>
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<td>Dean Signature (If Appropriate):</td>
<td>Date:</td>
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<tr>
<td>Vice President Signature:</td>
<td>Date:</td>
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<td>University Attorney Signature:</td>
<td>Date:</td>
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<td>Human Resources Signature (If Appropriate):</td>
<td>Date:</td>
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<tr>
<td>President Signature (If Appropriate)</td>
<td>Date:</td>
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Activity Approved (Check One)

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No