

APPENDIX 1 – Declaration of Conflict of Interest

Declaration of Conflict of Interest

Date: Feb 3/22 Name of employee declaring a conflict of interest: Karen Honan Name of supervisor of employee: Holly Sitch

Is the conflict of interest actual or perceived?
 (Circle one. This form must be completed regardless of the response) Actual Perceived

Outline the details of the conflict of interest: Tony Bouchard - spouse
Rod Honan Bouchard - son
Karen is the discharge worker and her husband + son are the discharge drivers. Karen assigns travel to the drivers.

List at least 3 mitigating actions to reduce the risk to the organization of a conflict of interest:
Holly will approve all driver travel. Karen will contact the drivers in rotation with some discretion. JB
Holly will track the drivers on the Discharge Workers Calendar.
Procedure: Karen will do a rotation and if driver not available then move to the next driver on the list. She will give 15min to respond.

Employee Signature: [Signature] Supervisor signature: [Signature] HR Manager signature: [Signature]

Annual review date: _____ Annual review signatures: _____