



## Declaration of Conflict of Interest Form

<b>Date:</b>	Name of employee declaring a conflict of interest:	Name of supervisor of employee:
<b>Is the conflict of interest actual or perceived?</b> (Circle one. This form must be completed regardless of the response)		Actual / Perceived
<b>Outline the details of the conflict of interest:</b>		
<b>List at least 3 mitigating actions to reduce the risk to the organization of a conflict of interest:</b>		
<b>Employee Signature:</b>	Supervisor signature:	HR Manager signature:
<b>Annual review date:</b>	Annual review signatures:	