

**Professional Staff Certification regarding Real or Apparent Conflict of Commitment or Conflict of Interest**

Name (Print) \_\_\_\_\_ College/Department \_\_\_\_\_

Contract for Fiscal Year \_\_\_\_\_

- 1.a     Yes\_\_\_ No\_\_\_     Do you have more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that will present or will reasonably appear to present a conflict of interest with your employment at Bradley University?
- 1.b.     Yes\_\_\_ No\_\_\_     Do you have any other relationships, commitments, or activities (compensated or not) that will present or will reasonably appear to present: a conflict of interest with your employment at Bradley University, or a conflict of commitment with the purposes of that employment or the mission of Bradley University?
- 2.a.     Yes\_\_\_ No\_\_\_     Are you aware of your spouse, domestic partner, children or siblings having more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that will present or will reasonably appear to present a conflict of interest with your employment at Bradley University?
- 2.b.     Yes\_\_\_ No\_\_\_     Are you aware of your spouse, domestic partner, children or siblings having any other relationships, commitments, or activities (compensated or not) that will present or will reasonably appear to present: a conflict of interest with your employment at Bradley University, or a conflict of commitment with the purposes of that employment or the mission of Bradley University?
3.       Yes\_\_\_ No\_\_\_     Do you have non-Bradley University income producing activities that utilize Bradley University resources, students, staff, or other faculty?

**If you answered yes to any of the questions above, contact the Office of the Provost and Vice President for Academic Affairs at (309) 677-3152 (before returning this form) to discuss any apparent conflicts or seek resolution to any real conflicts of interest or commitment.**

In submitting this certification, I affirm that to the best of my knowledge all information on this form is complete and true. If changes occur in activities during my employment, I will update this certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_