

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Title / Rank: \_\_\_\_\_  
 College/Div: \_\_\_\_\_  
 Dept. / Unit: \_\_\_\_\_  
 Appointment \_\_\_\_\_% (For part-time faculty,  
 each course per semester = 25%)  
 University Contract Period<sup>1</sup>  
 9 months/  10 months/  12 months  
 Summer/  Fall only /  Spring only

<b>PART I. Conflict of Interest Screening</b>	
1. Do you teach for another educational institution?	<input type="checkbox"/> yes* <input type="checkbox"/> no
2. Do you have a consulting or other financial relationship with a sponsor of your research?	<input type="checkbox"/> yes* <input type="checkbox"/> no
3. Do you or does any member of your family <sup>2</sup> have a managerial role or a significant <sup>3</sup> financial relationship with an outside entity that does business with the University or with an outside entity in your field of research?	<input type="checkbox"/> yes* <input type="checkbox"/> no
4. Do you have non-University professional or income producing activities involving University of Illinois students, faculty, or other staff?	<input type="checkbox"/> yes* <input type="checkbox"/> no
5. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. <u>Report these whether or not you believe the conflict is manageable.</u>	<input type="checkbox"/> yes* <input type="checkbox"/> no
<b>*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.</b>	

## **PART II. Listing of Non-University Income Producing Activities**

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary.

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company/organization? (If so, please explain in an attached statement.)	2008-2009 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2009-2010 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period

**I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## **PART III. Affirmation**

**I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.***

Academic Staff Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit to your primary reviewer<sup>5</sup> for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.  
<sup>2</sup> University Policy defines "Family" as one's spouse and children.  
<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary is \$177,500 as of July 1, 2009.)  
<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at [www.vpaa.uillinois.edu/Policies/conflict\\_toc.cfm](http://www.vpaa.uillinois.edu/Policies/conflict_toc.cfm).  
<sup>5</sup> A list of primary reviewers is posted at <http://www.uis.edu/grants/policies/rnua.html>

## Administrative Review and Approval, UIS RNUA 2009-2010

*PRIMARY REVIEWERS: Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. Sign all forms and forward them to your Division Head. Division heads forward all forms and checklists to, MS PAC 525, Attn: Patti Brown.*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- No conflict of interest or commitment exists.
- A conflict of interest or commitment may exist, but is being monitored by the college/division. Please attach an explanation
- A conflict of interest or commitment may exist that warrants further review. Please attach an explanation

B. *Please complete if question 4 on page one of the form is answered affirmatively:*

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- Agree
- Disagree Please attach an explanation

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2008-2009)

- No retrospective activities are reported or all retrospective activities are approved.
- Some or all retrospective activities are not approved. Please attach an explanation

B. Prospective Activities (2009-2010)

- No prospective activities are reported or all prospective activities are approved.
- Some or all declared prospective activities are not approved. Please attach an explanation

The above information is correct and complete to the best of my knowledge.

Primary Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Primary Reviewer<sup>6</sup>  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Head Signature<sup>7</sup>  
(if approval needed) \_\_\_\_\_ Date \_\_\_\_\_

### **PART VI. Review and approval of activities by Provost as required.**

Provost's Signature<sup>8</sup>  
(if approval needed) \_\_\_\_\_ Date \_\_\_\_\_

<sup>6</sup> Additional reviewers are other primary reviewers whose students, faculty and/or staff are involved in the activities in questions, or are reviewers for salaried joint-appointed faculty.

<sup>7</sup> Division Head review and approval required if Primary Reviewer attaches an explanation(s) for Parts IV or V.

<sup>8</sup> Provost's review and approval required if Primary Reviewer attaches an explanation(s) for Parts IV or V.