

Immediate Family Conflict of Interest Disclosure Sheet

Name of Employee:

Department/Unit:

Position/Title:

Date:

Family Member Information

Name of Immediate Family Member:

Relationship to Employee:

Employer/Organization (if applicable):

Disclosure of Potential or Actual Conflict

Describe the nature of the potential, actual, or perceived conflict of interest:

Outline any steps taken or proposed to mitigate or manage the conflict (if applicable):

Signature of Employee:

Name of Supervisor/Reviewer:

Signature of Supervisor/Reviewer:

Review Date:

Important Notes

- A conflict of interest occurs when personal, family, or financial interests could improperly influence professional duties.
- Immediate family members typically include spouse, domestic partner, children, parents, siblings, or other close relatives.
- Full and timely disclosure is essential to uphold transparency and integrity in the workplace.
- This form should be updated immediately when a new conflict arises or circumstances change.
- All information will be treated confidentially and reviewed according to the organization's policies.