

**UNIVERSITY OF CENTRAL ARKANSAS
BOARD OF TRUSTEES POLICY NO. 517**

**CONFLICT OF INTEREST
FINANCIAL DISCLOSURE STATEMENT**

1. Do you individually or does an immediate family member have a financial or equity interest in an entity which engages in business with the university? Include only those interests that are controlled by you or an immediate family member and not those managed by a third party, such as a mutual fund. Yes _____ No _____
If yes, please list and describe in detail below or on an attached sheet of paper.
2. Do you individually or does an immediate family member reasonably expect to acquire or otherwise receive a financial or equity interest during the next year that may reasonably affect the financial transactions of the university? Yes _____ No _____
If yes, please list and describe in detail below or on an attached sheet of paper.
3. Do you individually or does an immediate family member have, or expect to have within the next year, any additional employment, whether consultation or other professionally related, or other relationship, employment or otherwise, with an entity or person that may reasonably be affected financially through the position you hold at the university? Yes _____ No _____
If yes, please list and describe in detail below or on an attached sheet of paper.
4. Do you individually or does an immediate family member have any relationships or commitments, not described above, that has the appearance of a conflict of interest concerning your assigned responsibilities, duties or tasks? Yes _____ No _____
If yes, please describe in detail below or on an attached sheet of paper.
5. If your answer to any of the foregoing questions results in either a potential or actual conflict of interest, please submit or attach a plan for eliminating, reducing or managing the conflict.

Note: Do not include your salary from the university in responding to the above-referenced questions.

Employee (Print Name)

Position

Department

Employee (Signature)

Date

DUE DATE: January 31, 2024

All UCA employees MUST complete this form and send the original signed copy to the following:

- **All administrators and staff**, send this form to the VICE PRESIDENT of your division.
- **All academic units, including graduate assistants**, send this form to the PROVOST.

Note: All employees are required to update this statement on an as-needed basis.