

**THE UNIVERSITY OF TENNESSEE**  
**Faculty and Staff**  
**OUTSIDE INTERESTS DISCLOSURE FORM**

**NAME** \_\_\_\_\_ **PERSONNEL NO.** \_\_\_\_\_  
**TITLE** \_\_\_\_\_ **CAMPUS/INSTITUTE** \_\_\_\_\_  
**DEPARTMENT** \_\_\_\_\_ **COST CENTER** \_\_\_\_\_

**Instructions: This form is for the University of Tennessee faculty and staff to disclose outside interests as required by the University's conflict of interests policy (Policy FI0125). An interest must be disclosed if it**

- 1. exists at the time of this filing;**
- 2. existed during the previous twelve months; or**
- 3. you expect to acquire during the next twelve months.**

**Please answer the questions below, then print, sign, and date the form. Give the completed form to your supervisor for completion of the Review Section and transmittal to the appropriate office according to campus/institute procedures. If you have any questions, please consult your campus/institute chief business officer, human resources officer, or the General Counsel's office.**

**YOUR INTERESTS**

1. Do you hold an office, directorship, or employment in an outside organization? YES  NO

Name of organization(s): \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

If officer or director, list the amount of compensation: \_\_\_\_\_

2. Do you receive consulting income or honorariums totaling \$10,000 or more from a single source

Source(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

Total compensation from each source: \_\_\_\_\_

3. Do you hold any intellectual property rights?

Description of rights: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you hold more than a 5 percent financial interest in any outside venture (including publicly held corporations)?

Name of venture(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

5. Have university employees or students performed any personal services for you? YES  NO   
Services performed: \_\_\_\_\_  
Name of employee(s): \_\_\_\_\_  
Name of students(s): \_\_\_\_\_

6. Does any organization or venture listed in your response to items 1-5 compete or do business directly or indirectly with the university? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Are your responsibilities for any of the organizations or ventures listed in your response to items 1-5 similar to or potentially affected by your university responsibilities? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**INTERESTS OF SPOUSE, PARENTS, AND CHILDREN**

8. Do your parents, spouse, or children hold an office, directorship, or employment in an outside organization that conducts business with the university or that would be affected by your university responsibilities?    
Name of organization(s): \_\_\_\_\_  
Position(s) held: \_\_\_\_\_  
Business of the organization(s): \_\_\_\_\_

9. Do your parents, spouse, or children receive consulting income or honorariums totaling \$10,000 or more from a single source that conducts business with the university or that would be affected by your university responsibilities?    
Source(s): \_\_\_\_\_  
Business of the organization(s): \_\_\_\_\_  
Total compensation from each source: \_\_\_\_\_

10. Do your parents, spouse, or children hold intellectual property rights?    
Description of rights: \_\_\_\_\_  
\_\_\_\_\_

11. Do your parents, spouse, or children hold more than a 5 percent financial interest in any outside venture (including publicly held corporations) that competes or does business with the university or that would be affected by your university responsibilities?    
Name of venture(s): \_\_\_\_\_  
Business of the organization(s): \_\_\_\_\_

12. Have students or university employees performed any personal services for your spouse or children? **YES**  **NO**

Services performed: \_\_\_\_\_

Name of employee(s): \_\_\_\_\_

Name of student(s): \_\_\_\_\_

13. **Describe any actual or potential conflicts between the outside interests or activities disclosed on this form and your duties and responsibilities to the university and sponsoring organizations. Also, please provide any other information about outside interests that you wish to disclose.**

**I understand that if I acquire an interest during the year that requires disclosure, I will take the initiative to disclose it. I also understand that I must complete a new form annually as long as an interest I have previously disclosed exists. I acknowledge that I have read and understand the university's conflict of interests policy and have made all necessary disclosures.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**FORWARD SIGNED FORM TO IMMEDIATE SUPERVISOR**

**REVIEW OF DISCLOSED OUTSIDE INTERESTS**

**1. Department Head or Other Immediate Supervisor**

**YES NO UNSURE**

Did the employee answer **YES** to any questions?

If **YES**, in your opinion, does the information disclosed represent a conflict of interests with the employee's university responsibilities and activities with sponsoring organizations?

If **YES or UNSURE**, describe below the conflict and your recommendation for resolving it (or attach a separate document.)

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\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**

**FORWARD SIGNED FORM TO THE CAMPUS/UNIT CHIEF BUSINESS OFFICER OR DESIGNEE**

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**2. Chief Business Officer or Designee:**

Whether or not a conflict is identified, some action may be required to reduce the potential or the appearance of a conflict of interests. Complete the information below indicating if action is needed and/or being taken:

**Fiscal Year Begin Date:** \_\_\_\_\_ (MMDDYY)

**Disclosure Code:** \_\_\_\_\_ (If C, comments are required below.)

**N** = No disclosure

**Y** = Interests disclosed but no conflict identified

**C** = Conflict or potential conflict identified and action required

**Comments or Action to be taken (or attach a separate document):**

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\_\_\_\_\_  
**Chief Business Officer or Designee Signature**

\_\_\_\_\_  
**Date**

**FORWARD SIGNED FORM TO HUMAN RESOURCES**

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(Revision 10-12-07)