

## **HR.4.11.1 Conflict of Interest procedure**

### **Schedule A: Conflict of Interest Disclosure Form**

Prior to completing this form, please review HR.4.11 Conflict of Interest policy and procedure. SAIT employees must be free from conflicts of interest, including actual, apparent or perceived, or potential conflicts of interest, and from unethical behaviour when performing official SAIT duties.

Please complete the following and submit it to your supervisor/manager. Describe in detail the actual, apparent or perceived, or potential conflict of interest. Attach a separate sheet if necessary. All declaration forms will be sent to and reviewed by the Conflict of Interest Review Committee and employees will be notified of the decision.

Employees acknowledge that they may be asked to provide additional explanation or take action to remove or otherwise address the conflict of interest. Employees understand that failure to timely disclose any actual, apparent or potential conflict of interest is a violation of HR.4.11 Conflict of Interest policy and its accompanying procedure, and may lead to a variety of measures and corrective actions up to and including termination of employment.

1. Name: \_\_\_\_\_ School/Department: \_\_\_\_\_  
*(please print)*

2. Job Title: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

3. Nature of the actual, apparent or potential conflict of interest:

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4. What measures have been put in place to address the conflict of interest?: \_\_\_\_\_

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I have read HR.4.11 Conflict of Interest policy and procedure and I understand the requirement for disclosure. The information I have disclosed in this form is accurate to the best of my knowledge. If, at any time following the signing of the Conflict of Interest Disclosure Form, there occurs any material change to the information I have disclosed in this form regarding the actual, apparent or potential conflict of interest, either by way of addition or deletion, I shall immediately file a supplementary Conflict of Interest Disclosure Form with my supervisor/manager.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To capture all information - attach a separate sheet if necessary*

## Review and Conflict Management Plan

### Instructions

Prior to completing this section, please discuss the options with the employee. If there is no conflict of interest, **DO NOT COMPLETE SECTION B**. The completed form must be forwarded to the Conflict of Interest Review Committee.

It is the responsibility of the supervisor/manager to ensure this plan is being reviewed annually.

### Section A

The situation described above is **NOT** a Conflict of Interest and no further action is required.

Supervisor/Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B

The situation described above **IS** a Conflict of Interest. Please send this completed form electronically to [conflictofinterest@sait.ca](mailto:conflictofinterest@sait.ca).

Conflict of interest plan to eliminate the conflict of interest:

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Conflict of Interest Review Committee Chair:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Comments: \_\_\_\_\_

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### FOIP Notification Statement

The personal information that you provide to SAIT is collected under the authority of the *Post-Secondary Learning Act* and the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c)*. The information will be used for the purpose of deciding whether a conflict of interest exists between you and SAIT. If you have any questions about the collection and use of this personal information, please contact SAIT's FOIP Coordinator at 403.284.8633.