

**THE UNIVERSITY OF TENNESSEE**  
**Faculty and Staff**  
**OUTSIDE INTERESTS DISCLOSURE FORM**  
**2003**

<b>NAME</b> _____	<b>TITLE</b> _____
<b>DEPARTMENT</b> _____	<b>CAMPUS/UNIT</b> _____

1. **OUTSIDE OFFICES, DIRECTORSHIPS, EMPLOYMENT, AND CONSULTING RELATIONSHIPS:** List any offices, directorships, and employment that you hold or expect to hold in outside organizations. Also include sources of income for honorariums and/or consulting totaling \$10,000 or more from a single source.

<u>POSITION</u>	<u>ORGANIZATION</u>	<u>SERVICES/PRODUCTS OFFERED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **OUTSIDE FINANCIAL INTERESTS:** Identify (1) any intellectual property rights you hold and (2) any outside ventures (including publicly held corporations) in which you hold more than a 5 percent financial interest. **Note:** If you are subject to National Science Foundation or Public Health Service regulations, you must also disclose equity interest exceeding \$10,000.

<u>NAME OF VENTURE/INTELLECTUAL PROPERTY RIGHTS</u>	<u>SERVICES/PRODUCTS OFFERED</u>
_____	_____
_____	_____
_____	_____

3. **OUTSIDE BUSINESS OR EMPLOYMENT RELATIONSHIPS WITH EMPLOYEES/STUDENTS:** Describe any such relationships you have with other University employees or students in an outside venture. Also describe any personal services performed for you by employees or student employees under your supervision.

<u>EMPLOYEE/STUDENT</u>	<u>NATURE OF BUSINESS/VENTURE</u>	<u>YOUR RELATIONSHIP IN VENTURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Does any organization or venture listed in 1., 2., or 3. compete or do business directly or indirectly with the University?  
 Yes\_\_\_ No\_\_\_ If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List any organization or venture in 1., 2., or 3. that parallels or is similar to your academic/professional expertise or that may be affected by your University responsibilities. Please explain.

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\_\_\_\_\_

\_\_\_\_\_

6. List offices, directorships, employment, or consulting relationships held by your nondependent children and parents in organizations that conduct business with the University or that would be affected by your activities for sponsoring organizations.

**POSITION**

**ORGANIZATION**

**SERVICES/PRODUCTS OFFERED**

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7. Identify any ventures (including publicly held corporations) in which your nondependent children and parents hold more than a 5 percent financial interest **and** (1) that compete or do business with the University, or (2) that would be affected by your activities for sponsoring organizations.

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8. **CONFLICTS OF INTERESTS:** Describe any actual or potential conflicts between your outside interests or activities and your duties and responsibilities to the University and sponsoring organizations.

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9. **OTHER INFORMATION:** Provide any other information about outside interests or conflicts that you wish to disclose.

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**Note:** If you have disclosed an outside interest(s), you must complete a new form annually as long as the interest(s) exists.

I acknowledge that I have read and understand the University's conflict of interests policy and have made all necessary disclosures.

\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Date)

## REVIEW OF DISCLOSED OUTSIDE INTERESTS

10. **SUPERVISOR/DEPARTMENT HEAD:** In your opinion, does the information disclosed represent a conflict of interests with the employee's University responsibilities and activities with sponsored organizations?

Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable \_\_\_\_\_

Describe the conflict or questionable outside interest and your recommendations for resolving it:

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

11. **CAMPUS/UNIT REVIEW COMMITTEE:**

A conflict of interests found? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of the conflict:

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Whether or not a conflict is found, some action may be required to reduce the potential or the appearance of a conflict of interests.

Resolution or action required? Yes \_\_\_\_\_ No \_\_\_\_\_

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

(Review Committee Chair)