

SUBJECT: Conflict of Interest	Effective Date: July 1, 2011	Policy Number: 00-1-002
	Supersedes: Policy: Date:	Page Of
	Responsible Authority:	

I. Purpose and statement of operational policy underlying the procedure.

This policy is to provide a framework for recognizing and managing employee or Board conflict of interest and to prevent even the appearance of conflict of interest.

II. Applicability/Scope


This policy applies to all trustees, administrators, faculty and staff of the College, whether full or part-time.

III. Process for Implementing Procedure

Responsibility	Action	Timeline
Board, Administrators, and all employees	Sign conflict of interest form and familiarize themselves with the policy	
Administrators and employees	Discuss any potential conflicts of interest	As soon as they arise
Administrator, when a conflict appears, shall arrange a strategy to obviate the conflict		

IV. Related policies/References for more information

- Conflict of Interest Statement
- Board by-laws
- Employee Handbook

Authorizing Official: <u>Johnnie B. Watson</u>  Authorization Date: <u>OCT 06 2011</u>
Title: <u>President</u>

CONFLICT OF INTEREST DISCLOSURE FORM

Please reference LeMoyne-Owen College's Policy on Conflict of Interest for all employees. Conflict of Interest occurs when an employee or immediate family member receives personal financial benefit from the employee's College position in a manner which may inappropriately influence the employee's judgment or compromise the employee's ability to carry out College responsibilities or could be a detriment to the College's integrity.

Employees with an apparent or real Conflict of Interest must complete this form and deliver it to the associated administrator. This form must be submitted on an annual basis, as long as the Conflict of Interest exists.

Questions about an external activity representing a Conflict of Interest should be referred to a supervisor or administrator.

EMPLOYEE INFORMATION

Name _____

Department _____

Job Title _____

Campus Phone Number _____

Campus E-mail address _____

CONFLICT OF INTEREST DISCLOSURE

1. Relationship with any vendor, contractor, or business entity with which the College does business or is likely to do business, for which you have an opportunity to influence a related College decision; include the relationship of any immediate family member (indicate business entity's name, name of owner or manager, and relationship to employee or the employee's immediate family):

Office of Human Resources

2. Economic interest in any vendor, contractor, or business entity with which the College does business with or is likely to do business, for which you have an opportunity to influence a related College decision: include the economic interest of any immediate family member (indicate the business entity's name, relationship to employee, the annual amount of any profits or compensation, market value of any equity, and any intellectual property rights):

3. If this disclosure is for a single transaction, indicate the specific vendor, contractor or business entity, relationship to employee, and College purchase or contract:

4. Any other apparent or real financial conflict that could result in a personal financial benefit for you or a member of your immediate family, as related to any personal influence in College operations or business decision:

5. Any other apparent or real conflict, financial or otherwise, that may compromise the employee's decisions or judgment in carrying out College responsibilities:

In the event that insufficient space is provided on this form for any disclosure, the employee should attach additional pages with reference to the above sections; also indicate in the associated section that additional material is attached.

Conflict of Interest Disclosure Acknowledgment

Acknowledgment by the employee's supervisor and administrator indicates that they are aware of the apparent or real Conflict of Interest, and they intend to manage the situation so that:

- 1) the employee does not have an opportunity to influence the College's business or financial decisions in ways that could lead to personal gain or give improper advantage to a member of the employee's immediate family; and
- 2) the employee can objectively fulfill his or her obligations to the College.

TRUSTEE OR EMPLOYEE PRINTED NAME (full legal name):

_____ **DATE:** _____

TRUSTEE OR EMPLOYEE SIGNATURE (full legal name):

_____ **DATE:** _____

SUPERVISOR'S ACKNOWLEDGMENT

_____ **DATE:** _____

ADMINISTRATOR'S ACKNOWLEDGMENT

_____ **DATE:** _____

Receipt of Conflict of Interest Policy Acknowledgment Form

My signature below, affirms that I have received, reviewed, understand and agree to fully comply with LeMoyne-Owen College's Conflict of Interest Policy.

New board of trustee members and employees must review the Conflict of Interest Policy and sign the acknowledgment form during their new employee or board orientation. Employees will also review and acknowledge annually coinciding with their performance appraisal session. Once signed following the appraisal session, the administrator must forward the original of this form to the attention of Brenda Massey, Office of Human Resources, located on the second floor of the Brownlee Hall Administration Building.

TRUSTEE OR EMPLOYEE PRINTED NAME (full legal name):

_____ **DATE:** _____

TRUSTEE OR EMPLOYEE SIGNATURE:

_____ **DATE:** _____

SUPERVISOR'S ACKNOWLEDGMENT

_____ **DATE:** _____

ADMINISTRATOR'S ACKNOWLEDGMENT

_____ **DATE:** _____