



CONFLICT OF INTEREST DECLARATION/
REQUEST FOR CLARIFICATION FORM

Employee Name: _____

Campus: _____ Immediate Supervisor: _____

Declaration :

I have received and read College of the North Atlantic's Conflict of Interest Policy. According to this Policy, I am not engaged in any activity that would constitute a real, apparent or potential conflict of interest.

Date:

Employee
Signature:

Clarification Request:

I have received and read College of the North Atlantic's Conflict of Interest Policy. I am engaged in the following business, commercial, financial or other activities. I am uncertain if these activities place me in a real, apparent or potential conflict of interest situation and I request clarification.

Date:

Employee
Signature:

Supervisor's Comments/Action Taken:

Date:

Supervisor Signature:

Original: President; Copies to: Executive Director of Human Resources (for employee file); Immediate Supervisor; and Employee