Idaho Division of Human Resources

Executive Branch Statewide Policy Section 15: Conflict of Interest Conflict of Interest Disclosure Certification Form

Type of Disclosure (check all that apply)	
 ☐ Conflict of Interest* (definitions below) ☐ Relative or Close Personal Relationship ☐ Nepotism 	Romantic Relationship Outside Employment Other:
Disclosing Party (Employee) Information	
Name: Age	ncy/Division/Program:
Work Location:	Job Title:
Supervisor's Name:	Date:
Description of the Conflict of Interest:	
Please provide any and all applicable details regar	rding the conflict of interest or potential
 romantic. Financial transaction, to include grants, aw whether for yourself or on behalf of a client appearance of impropriety or conflict of integration. You, a family member, or a client, having of (such as business or financial investments than as a consumer, in the subject area of 	hip has existed, the current status of the direct chain-of- command, if the relationship is varding contracts, providing benefits, etc. to rfamily member, which could constitute an erest with the position to which you hold. direct or indirect financial or personal interest, property holdings, or employment), other concern to the position to which you hold. d activity, or any outside activity, regardless of

What is your analysis of the impact this conflict of interest may have on your workplace and your position? What solutions do you recommend?	or
 Conflict of Interest includes: Private Interest – participating in any activity performed in the course of employment which might provide a benefit to or have the appearance of impropriety or preferential treatment of family or relatives, significant others, businesses operated by an employ a relative or a close associate. Contracting – employees and members of the employee's household shall not have private interest in any contract or grant or other written agreement over which the employee has influence in their official capacity. Serving on Boards, Commissions, or Committees – employees may not accept or se in any policy making position or office of a private organization, board, commission, or committee in which an opportunity for a conflict of interest between the activity and the employing agency is reasonably anticipated, except upon prior written approval from employee's Appointing Authority. Cohabitation – living with other individuals which may create a real or perceived conformation of interest with their official duties. 	al /ee, a erve or ne the
Certification Statement I certify that the information on this form to the best of my knowledge and belief is true and accurate. I understand that any misleading or incorrect information or omission of material famay be just cause for disciplinary action up to and including termination of employment. I understand my obligation to promptly report personal relationships that develop during my employment.	acts
Disclosing Party Certification: Date:	
Routing Instructions Please sign and route this completed form to your supervisor and human resources for consideration.	
cc: Supervisor Personnel File	