FORM FSH 6240A – Disclosure of Conflicts

TO BE COMPLETED WHEN YOU HAVE A CONFLICT TO DISCLOSE OR A CHANGE IN CIRCUMSTANCES

EMPLOYEE INFORMATION

Name _____ Department _____

Vandal No._____ Position Title _____

Campus Phone No. _____ Email Address _____

I indicated that I have a conflict to report on my performance evaluation and am completing this as part of that report.

This report is made following a change of circumstances and replaces my report on my most recent performance evaluation. If you check this box please indicate whether your change gives rise to or eliminates a potential conflict: