University of Missouri-St. Louis
Potential Conflict of Interest
Disclosure Form

This form is for use by University employees to make a full disclosure of potential conflicts of interest resulting from direct or indirect outside business, financial, employment or consulting interests which are related to their employment by the University. It is each employee's responsibility to provide this information to the appropriate University Official for filing in a registry located for public scrutiny in accordance with University policy.

NAME: _____

HOME ADDRESS: _____

PHONE: Home: _____ Work: _____

EMPLOYMENT: Part Time ___ Full Time ___

TITLE: _____

DEPARTMENT: _____

Describe the Business, Financial, Outside Employment, or Consulting Interests raising this potential conflict. Include names, addresses, nature of interest and other relevant information.

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Attach additional sheet if more space is needed.

_____ _____
Employee Signature Date Supervisor's Signature Date

_____ _____
Dean / Administrator Date Provost Date