



**LINN-MAR CSD EMPLOYEE
CONFLICT OF INTEREST DISCLOSURE FORM**

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

All facts pertinent to the conflicting or financial interest: Please print

I have no conflicts of interest to disclose.

I hereby certify that I have read and understand Policy 403.17-Employee Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 403.17-Employee Conflict of Interest.

Employee's Signature

Date

Printed Name

Fiscal Year

Superintendent's Signature

Date

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.