Policy Series 400 – Staff/Personnel
All Employees

Policy 403.17-E
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.):

_____

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

_____

_____

_____

All facts pertinent to the conflicting or financial interest:

_____

_____

_____

_____ I have no conflict 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's Signature: _____ **Date:** _____

Printed Name: _____ **Fiscal Year:** _____

This form should be completed at the start of each fiscal year and whenever a conflict of interest may occur. Complete additional forms for multiple conflicts/financial interests, as needed.

Please return this form to:
Human Resources Office
3556 Winslow Road, Marion, IA 52302

Adopted: 1/22
Revised: 4/23; 9/24; 10/26
Related Policy: 403.17