

CONFLICT OF INTEREST DISCLOSURE FORM

This form is completed annually as part of the rollout of the Code of Conduct sign-off, and/or any time a new situation arises.

The personal information that you provide on this form is being collected for the purpose of declaring your Conflict of Interest and Concurrent Employment. Your personal information is being collected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta, Section 33(c). If you have any questions about the collection of information on this form, please contact People & Culture.

Part A: Disclosure

Employee's Name:

Position:

Department/School:

Financial Conflict of Interest	Yes	No
With the exception of your College pay cheque, will you, your corporation, a member of your immediate family, or persons with whom you have a personal or business relationship now receive or anticipate receiving a financial benefit from College funds over which you exercise influence?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details of the activity:		
Non-Financial Conflict of Interest	Yes	No
Do any of your current or anticipated employment or service (volunteer) activities involve you in dealings with individuals, corporations, or other organizations in ways that may be viewed as a Conflict of Interest?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details of the activity:		
Concurrent Employment	Yes	No
Do you hold supplementary employment, including self-employment?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes above:		
• Is the supplementary employment and/or self-employment performed in such a way as to appear to be an official act of Olds College, or to represent Olds College's opinion or policy?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the supplementary employment and/or self-employment interfere with the regular duties of your position at Olds College?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the supplementary employment and/or self-employment involve the use of Olds College's premises, equipment, supplies, or assets?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold more than one position, role or employment contract at Olds College?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes above:		
• Does the work schedule of each position ensure that you can meet your obligations in the roles?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the work schedule of each position ensure that overtime or overload will not be incurred as a result of holding more than one position?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the supervisors of each position aware that you hold more than one position or role at Olds College?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold an appointment to a Board?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes above:	<input type="checkbox"/>	<input type="checkbox"/>
• Do you receive compensation for your position on the Board?	\$	
• What is the value of the compensation on an annual basis?		
Other information as necessary:		

Other Conflicts	Yes	No
Do you intend to use the services of College students, employees or others under contract to the College over whom you exercise supervisory or academic responsibility, for a purpose beyond those directly associated with your employment obligations to the College? Note: Written permission from the Dean/Director needs to be obtained prior to using the services of students and/or employees for purposes beyond their educational or employment obligations.	<input type="checkbox"/>	<input type="checkbox"/>
Will you make use of College space, facilities, general supplies, and/or equipment, including communication devices, and confidential information to support any activities that do not directly pertain to your employment obligations to Olds College?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any other perceived or actual Conflicts of Interest or Commitment, which will affect you as an employee of Olds College?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any questions above, provide details of the activity:		
<ul style="list-style-type: none"> Disclose any monetary benefit(s) received: 		

Employee Declaration:

I declare that the information contained in this Disclosure Form is true and correct to the best of my knowledge.

I will promptly submit a revised Disclosure Form if at any time during the disclosure period circumstances warrant a different response to any of the questions that follow.

I have read the Olds College Employee Code of Conduct Policy.

I understand that disclosure normally occurs before the activity which could give rise to an apparent or actual conflict of interest (including concurrent employment). I will not engage in the activity until such time as the conflict considerations are assessed and resolved.

If I have indicated that I am presently involved in activities which could give rise to an apparent or actual conflict of interest, I understand that I may continue the activity until such time as the conflict considerations are assessed and resolved, unless I am directed by my Senior Administrator to cease the activity immediately. I understand that the direction to cease the activity will stand until such time as the conflict considerations are assessed and resolved.

I understand that the personal information requested on this form is protected under the *Alberta Freedom of Information and Protection of Privacy Act* for the purposes of determining possible conflict of interest. I hereby consent to the use of the information provided by the College for this purpose.

I understand that I will be consulted if certain public disclosure of information is deemed appropriate in managing an assessed conflict. I understand that consent for any such public disclosure will be addressed at that time.

Date Disclosure Form completed:	Signature of Employee:
Date of Authorization:	Signature of Senior Administration:

If an employee does not complete a disclosure form, Olds College will assume that the employee does not have an apparent or actual conflict of interest. Failure by an employee to disclose an apparent or actual conflict of interest is considered a violation of the Employee Code of Conduct.

Part B: Assessment

As a result of the assessment of this disclosure: (select appropriate response):

- ☐ There is no conflict of interest and the individual may proceed with the activity.
- ☐ There is potential for a real or perceived Conflict of Interest as defined in the Code of Conduct Policy.
We have agreed to the following actions to be taken to mitigate the real or potential conflict of interest:
- ☐ There is potential for a real or perceived Conflict of Interest and the activity cannot be mitigated in a way that would protect the integrity of the College, therefore the activity will not be allowed and the individual will not proceed with the activity.

The undersigned hereby acknowledge the above noted actual or potential conflict of interest and agree to the above noted assessment and actions.

Signature of Employee:

Date:

Signature of Dean or Director:

Date:

Signature of CPCO (if required):
(Chief People & Culture Officer)

Date:

Signature of President & CEO (if required):

Date: