

THE UNIVERSITY OF AKRON
Conflict of Interest and Conflict of Commitment Disclosure - Update Form

Instructions: Complete the following form, print, sign and submit it to your immediate supervisor **promptly whenever your response to any of the questions changes**. If you have any questions concerning the information required by this form, or any definitions, refer to the text and definitions contained within University Rule 3359-11-17. If you require additional assistance, consult your immediate supervisor.

Name:

Title:

Department(s):

I. General Questions: The following questions apply to your activities in the preceding academic year and the current academic year, up to and including the day that you make this disclosure.

1. Do you directly supervise or use the authority of your position to influence the hiring, salary, promotion, retention, or tenure or other employment benefits of a spouse or immediate family member [as defined in 3359-11-17(H)(5)]?
Yes ☐ No ☐
2. Do you have knowledge of any arrangements between the University and an outside entity with which you, or a member of your family [as defined in 3359-11-17(H)(6)], has financial interests [as defined in 3359-11-17(H)(7)]?
Yes ☐ No ☐
3. Do you serve as an advisor, consultant, or in any other capacity with a public or private agency that grants money or decides policy for grants that could adversely affect the University's eligibility for funds from that agency?
Yes ☐ No ☐
4. Do you own, hold a management position, or participate in the day-to-day operations of a commercial enterprise that is closely related to your academic or other University responsibilities?
Yes ☐ No ☐

II. Activities throughout the preceding academic year.

1. Identify those periods of the academic year you perform(ed) full-time responsibilities to the University?
Summer Intersession 20__ ☐ Summer I 20__ ☐ Summer II 20__ ☐ Fall 20__ ☐ Spring 20__ ☐
2. Please list the number of days you engaged in outside consulting activities [as defined in 3359-11-17(H)(14)] during the preceding year?

| | | | | | |
|----------|----------|---------|----------|-----------|---------|
| May | June | July | August | September | October |
| November | December | January | February | March | April |
3. Did you have a managerial or principal investigator role in a sponsored research activity outside the University? If yes, please list and explain in an attached statement.
Yes ☐ No ☐
4. Did you engage in any outside activity involving a time commitment of more than one day per week **or** for which you received remuneration valued at \$10,000 or above from a single source? If yes, please complete the appropriate Disclosure of Outside Activity form and attach.
Yes ☐ No ☐
5. Did you engage in any other compensated activities, of one day or less per week **or** for which you received compensation valued at less than \$10,000 from a single source? If yes, please complete the appropriate Disclosure of Outside Activity form and attach.
Yes ☐ No ☐
6. Did you receive any financial gain from the sale of textbooks or other materials used in a course for which you were an instructor?
Yes ☐ No ☐
7. Have you created or discovered inventions or computer software using University resources [other than routinely allowable as defined in 3359-11-17(B)(7)(a)]; engaged in other remunerative outside activities in your field of academic interest or specialization; or engaged in any other activities of an outside enterprise or provision of professional services, including any University employee-owned or employee-managed company, for which you have not previously made a disclosure to the University? If yes, please provide a separate written statement detailing discoveries and/or activities.
Yes ☐ No ☐

III. Other Potential Conflicts.

Are you aware of any potential conflicts of interest or conflicts of commitment with your University of Akron appointment that have not been disclosed in this reporting form? If yes, please provide a separate written statement identifying the potential conflicts.

Yes ☐ No ☐

IV. Affirmation.

In submitting this form, I affirm that the above information is true and complete to the best of my knowledge.

Signature _____ Date _____ Reviewed by _____ Date _____