

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS
CONFLICT OF INTEREST

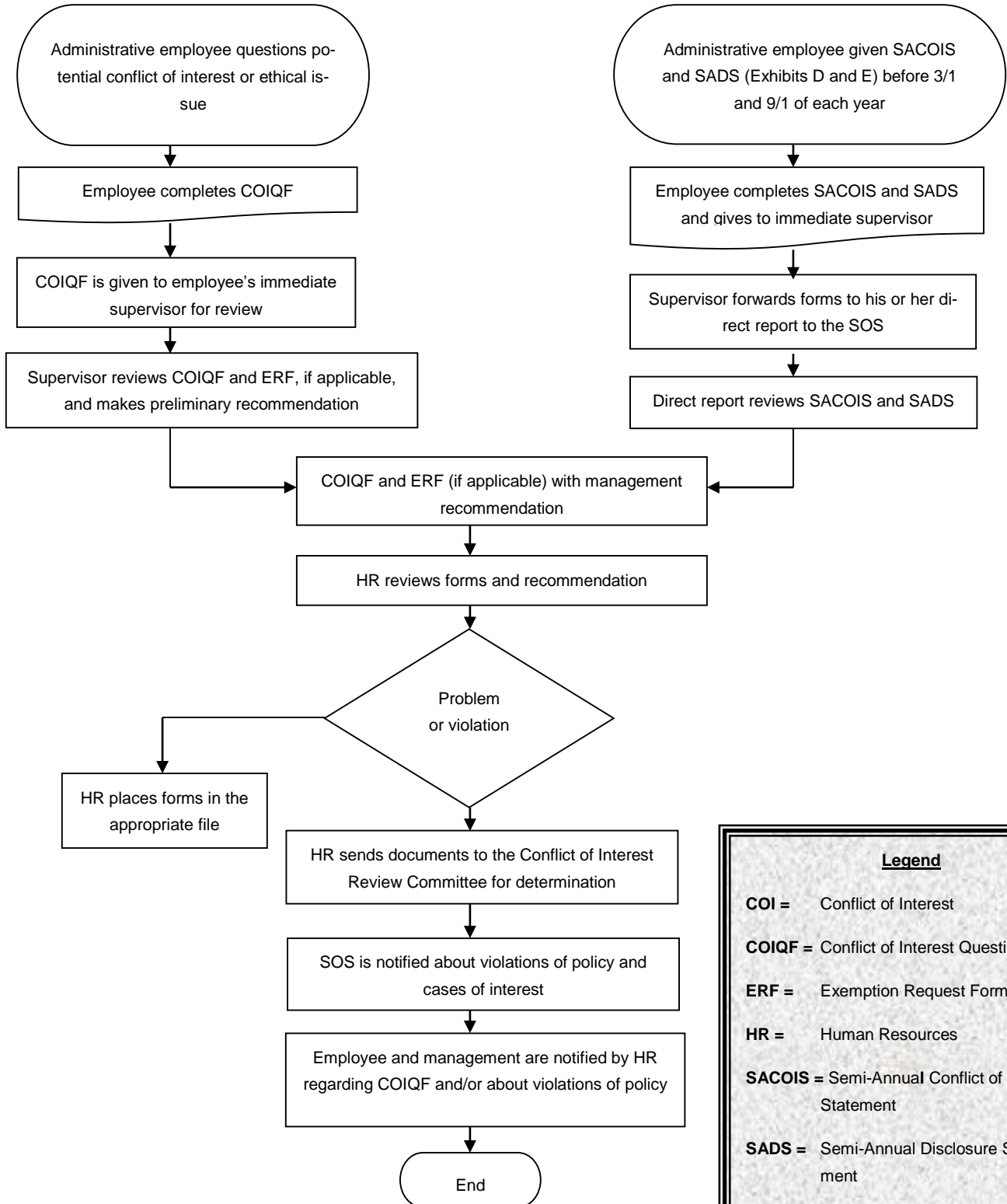
See the following exhibits:

- Exhibit A: Conflict of Interest Flow Chart – 1 page
- Exhibit B: Conflict of Interest Question Form – 1 page
- Exhibit C: Training Acknowledgement Form for New Administrative Employees – 1 page
- Exhibit D: Semi-Annual Conflict of Interest Statement – 1 page
- Exhibit E: Semi-Annual Disclosure Statement – 2 pages
- Exhibit F: Exemption Request Form – 1 page

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS CONFLICT OF INTEREST

EXHIBIT A

CONFLICT OF INTEREST FLOW CHART



Legend	
COI =	Conflict of Interest
COIQF =	Conflict of Interest Question Form
ERF =	Exemption Request Form
HR =	Human Resources
SACOIS =	Semi-Annual Conflict of Interest Statement
SADS =	Semi-Annual Disclosure Statement
SOS =	Superintendent of Schools

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EXHIBIT B

CONFLICT OF INTEREST QUESTION FORM

Please describe your question pertaining to the Union County Public Schools' Conflict of Interest Policies in the space provided below. Upon completion, please sign and date the form and submit to your immediate supervisor (if necessary, attach additional pages).

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date

Conflict of Interest Review Committee

Date

<p><u>Supervisor to complete the following:</u> (Please explain below)</p> <p>_____ No conflict exists</p> <p>_____ Conflict exists and employee accepts recommendation</p> <p>_____ Conflict exists and employee opts to forward to the Conflict of Interest Review Committee</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Distribution List: Employee, Supervisor, Human Resources, and Conflict of Interest Committee

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EXHIBIT C

TRAINING ACKNOWLEDGEMENT FORM FOR
NEW ADMINISTRATIVE EMPLOYEES

I, _____, certify that I have read and understand UCBOE Policy 3-15 *Employee Conflict of Interest* and the Administrative Guidelines for that policy. I understand that it is my responsibility to fully disclose any actual or potential conflict of interest in accordance with this policy, and failure to do so could result in termination of my employment.

Employee Signature

Date

Human Resources Signature

Date

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EXHIBIT D

SEMI-ANNUAL CONFLICT OF INTEREST STATEMENT

I, _____, do hereby affirm that I have read UCBOE Policy 3-15 *Employee Conflict of Interest* and the Administrative Guidelines for that policy, relating to employee conflicts of interest, and that I shall conform to such statements in the performance of my administrative duties while employed by Union County Public Schools. I understand that violation of the standards of behavior could subject me to disciplinary action and possible dismissal from my employment.

IT SHOULD BE NOTED that by signing this statement the administrative employee not only certifies further that he or she has been free of conflict of interest during the preceding year, but also agrees further that he or she will remain free of a conflict of interest for the ensuing year.

Date

Signature

Position

Please return this form and the attached "Semi-Annual Disclosure" statement to your immediate supervisor.

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EXHIBIT E

SEMI-ANNUAL DISCLOSURE STATEMENT

NAME _____ DATE _____

Pursuant to UCBOE Policy 3-15 *Employee Conflict of Interest* and the Administrative Guidelines for that policy, UCPS has established certain restrictions regarding conflicts of interest. Consequently, the Semi-Annual Disclosure Statement must be completed for the following employee groups:

E-Rate Employees (regardless of salary grade or location) must avoid the appearance of a conflict of interest and are strictly prohibited from accepting gifts, meals, entertainment, or anything of value from any outside entity, consultant, or other representative that provides or seeks to provide goods or services pursuant to the E-Rate Program. Furthermore, all offers from such entities or individuals shall be reported, even when such items were not accepted.

Administrative Employees (including Cabinet staff, Directors, Principals, Assistant Principals, Assistant Directors, and Supervisors) are required to report gifts, meals, entertainment, or anything of value if the value exceeds \$50 per meal/item or \$100 in the aggregate per year from any District vendor or perspective vendor. Meals/item(s) exceeding \$100 in the aggregate from any single source are strictly prohibited.

The following is a listing of all such meals/items covering the period _____ through _____.

If there are no reportable meals/items, write "NONE."

	Date of Item	Company and Individual Offering Item	Estimated Value of Meal/Item	Status of Item: (check one)		Reason for Meal/Item
				Offered & Accepted	Offered & Declined	
1.				<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	

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INSTRUCTIONS:

1. Each E-Rate or administrative employee must return completed signed forms to his or her immediate supervisor.
2. The supervisor will send the forms to the appropriate direct report to the Superintendent.
3. The direct report will forward the completed reports to Human Resources.

Please include attachments if additional space is needed.

I have read and understand to UCBOE Policy 3-15 *Employee Conflict of Interest* and the Administrative Guidelines for that policy. I certify that, to the best of my knowledge, I have not violated these policies.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

HUMAN RESOURCES SIGNATURE _____ DATE _____

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EXHIBIT F

EXEMPTION REQUEST FORM

Name of Partner Organization: _____

Dollar value of proposed gift: _____

Details of proposed gift: _____

Brief Explanation of benefit to UCPS: _____

Employee Signature

Date

Superintendent Signature

Date

NOTE: Exceptions involving E-Rate vendors are prohibited.

Directions to Submitting Employee: In consultation with your immediate supervisor, submit this completed form to the office of the Superintendent for signature. Upon return, retain a copy for submission to Human Resources at the same time the Semi-Annual Conflict of Interest Statement and the Conflict of Interest Question Forms are submitted each year.