

Employee Category  
 A&P \_\_\_\_\_  
 USPS \_\_\_\_\_

**UNIVERSITY OF CENTRAL FLORIDA  
 REPORT OF POTENTIAL CONFLICT OF INTEREST, OUTSIDE ACTIVITY/EMPLOYMENT  
 FOR A&P OR USPS USE ONLY**

In accordance with policies of the Board of Governors and the University of Central Florida, this report of proposed outside activity/employment or potential conflict of interest in addition to assigned duties at UCF is submitted.

**THE TYPE OF OUTSIDE ACTIVITY, AS STIPULATED IN UNIVERSITY REGULATION 6C7-3.018, IS:**

CIRCLE:        **A. Potential Conflict of Interest (complete A and B below)**  
                   **B. Outside Activity or Employment (complete B below)**

**A. Potential Conflict of Interest**

- Ownership of more than a 5% interest in, or more than 5% of the capital stock of a company doing business with the university
- Officer, director, partner in company doing business with university
- Contractual relationship with company doing business with university
- Written textbooks or produced instructional materials or software used at UCF
- Holding or candidate for a political office
- Other, explain: \_\_\_\_\_

**B. Outside Activity or Employment**

Activity/Employer Name \_\_\_\_\_  
 Location        \_\_\_\_\_ On campus    or    \_\_\_\_\_ Off campus  
 Funding source(s) \_\_\_\_\_  
 Average number of hours per week on activity \_\_\_\_\_ hrs/week  
 Anticipated duration of activity: Start date \_\_\_\_\_ End date: \_\_\_\_\_  
 Nature of activity \_\_\_\_\_  
 Anticipate use of university personnel, equipment, facilities, students, or services Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, complete Form HR-12 and send it with this form.  
 List other reported outside activity or employment currently in effect (attach on separate sheet if necessary)

I certify that this activity or employment and/or other outside activity or employment reported here does not constitute a conflict of interest and will not interfere in any way with my regular employment at UCF. If the above circumstances change significantly, a new report will be filed immediately.

\_\_\_\_\_  
 PRINT Name                      Employee ID                      Employee's Signature                      Date

Reviewer	Reviewer's Signature	Conf. Held	Approved, No Conflict	Approved, Possible Conflict	Not Approved, Conflict	Date
Chair or Supervisor						
Dean, Director or Vice President for Research						

\* When supervisor believes conflict of interest exists, or may exist, conference must be held to resolve concerns. If these concerns are not resolved, the matter will be brought to the Vice Provost for Academic Affairs for those areas under the Provost's supervision, or the appropriate Vice President or President's representative for all other areas.

Concerns Resolved: Yes \_\_\_\_\_ No \_\_\_\_\_

Activity approved by President or Representative:    Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Vice Provost or President's Representative                      Date

HR-11 (Revised 10/02)  
 3 copies:    Director, Dean or Vice President for Research  
                   Employee  
                   Chair or Supervisor

**(Forward All Copies)**