

**Part-Time Faculty Certification regarding Real or Apparent Conflict of Commitment or
Conflict of Interest**

Name (Print)_____ **College/Department**_____

Contract for Semester/Academic Year_____

- 1.a Yes___ No___ Do you have more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that will present or will reasonably appear to present a conflict of interest with your employment at Bradley University?
- 1.b. Yes___ No___ Do you have any other relationships, commitments, or activities (compensated or not) that will present or will reasonably appear to present: a conflict of interest with your employment at Bradley University, or a conflict of commitment with the purposes of that employment or the mission of Bradley University?
- 2.a. Yes___ No___ Are you aware of your spouse, domestic partner, children or siblings having more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that will present or will reasonably appear to present a conflict of interest with your employment at Bradley University?
- 2.b. Yes___ No___ Are you aware of your spouse, domestic partner, children or siblings having any other relationships, commitments, or activities (compensated or not) that will present or will reasonably appear to present: a conflict of interest with your employment at Bradley University, or a conflict of commitment with the purposes of that employment or the mission of Bradley University?
3. Yes___ No___ Do you have non-Bradley University income producing activities that utilize Bradley University resources, students, staff, or other faculty?

If you answered yes to any of the questions above, contact the Office of the Provost and Vice President for Academic Affairs at (309) 677-3152 (before returning this form) to discuss any apparent conflicts or seek resolution to any real conflicts of interest or commitment.

In submitting this certification, I affirm that to the best of my knowledge all information on this form is complete and true. If changes occur in activities during my employment, I will update this certification.

Signature_____

Date_____