



Standard of Ethical Conduct Disclosure of Conflict(s) of Interest & Exemption/Waiver Request Form

Code of Conduct: H-1.13 – Standard of Ethical Conduct

Approved: March 13, 2026

Policy Type: Human Resources

Date Revised: August 27, 2025

Conflict of Interest Declaration

Name: _____

Position/Title: _____

Department: _____

Manager/Supervisor: _____

Date of Declaration: _____

I am not aware of any potential, actual, or perceived conflict of interest at this time.

I wish to disclose the following potential, actual, or perceived conflict(s) of interest:

Nature of the Conflict:

Details of the Organization, Vendor, or Association Involved:

Explanation of Potential Conflict (real or perceived):

Signature: _____

Date: _____

Exemption/Waiver Request

Date of Request: _____

Policy Requirement for Which Exemption/Waiver is Requested:

Reason for Request:

Proposed Duration of Exemption/Waiver:

Temporary (Specify duration): _____

Permanent

Supervisor Review

Assessment of Operational Impact:

Recommendation:

Approve

Deny

Approve with Conditions (Specify): _____

Supervisor Name & Signature: _____

Date: _____

Senior Executive Approval

Decision:

Approved

Denied

Approved with Conditions (Specify): _____

Senior Executive Name & Signature: _____

Date: _____

Human Resources Review

Reviewed by: _____

Date of Review: _____

Notes:

Copy of approved waiver and documentation filed in employee's personnel file