

Conflict of Interest Disclosure Form
For AUB Employees

I, _____, have read and understood the University’s “Conflict of Interest and Disclosure Policy for AUB employees”, revised as of September 2020 (the “Policy”), and in accordance with the Policy, I state the following:

1. Do you currently work or are you employed, as part-time or full-time at any other institution?

If yes, specify name of the institution, position, employment date and duration.

Yes No _____

2. I report on the following as they relate to the past 12 months and/or as anticipated for the next 12 months (Please provide details that explain any “Yes” answer):

2.1. Does/Did one of your Relatives receive compensation from AUB as an officer or employee? Yes No

If yes, specify name, relation and position.

2.2. Do/Did you, or one of your Relatives, receive compensation or other payments from AUB as an independent contractor, consultant or other? Yes No

If yes, specify name, relation, type of service and date.

2.3. Do you intend to/Did you accept research sponsorship from a company or other funding institutions in which you, or one of your Relatives, have a financial interest?

Yes No

If yes, specify name of company or institution, research topic and financial amount.

2.4. Do you intend to/Did you select an entity as a University vendor or contractor in which you, or one of your Relatives, have a personal or economic interest? Yes No

If yes, specify name of vendor/contractor and relation.

2.5. Are/were you, or one of your Relatives, an officer, director, trustee, member, owner (either as a sole proprietor or as a partner) or employee in an entity with which AUB is known to do business? Yes No

If yes, specify name of the entity, name of the relative and relation.

2.6. Do/Did you, or one of your Relatives, have any other interests that could give rise to conflicts of interest? Yes No

If yes, specify type of other interests, name of the relative and relation.

3. I declare all my affiliations with any person (including any officer or employee of the University), firm, organization, or corporation with which I have reason to believe the University does business:

Not Applicable List below

4. I declare all my consulting arrangements, whether or not I believe that they may involve a potential Conflict of Interest:

Not Applicable List below

5. I hereby affirm that I shall promptly amend the lists above promptly whenever my affiliations or duties change.

6. If I become aware that any of my Relatives is engaged in business with the University, I affirm that I shall promptly disclose (within 15 days at most) my relationship with the person(s) concerned and the nature of this business.

7. I understand that I am not to participate in any decision or vote on an issue in which I may have a Conflict of Interest because of affiliations listed above.

I hereby submit this information to the University.

Signature

Position

Date

Faculty/Department