

DISCLOSURE FORM**NAME:** _____**POSITION:** _____**DEPT:** _____

Please describe any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of commitment, conflict of interest or perceived/potential conflict of interest:

Please describe the specific situations that you encounter as part of your work with Southeast College that may be impacted by the above:

Employee Signature _____ **Date** _____**OOS Signature** _____ **Date** _____

Return completed form to Human Resources