

UNIVERSITY OF WEST FLORIDA OUTSIDE ACTIVITY AND CONFLICT OF INTEREST FORM

In general, employees of the University of West Florida are permitted to engage in outside activities. The University of West Florida Conflict of Interest Policy, AC-11.00-11/09 (“the Policy” <https://nautical.uwf.edu/unitapp/publication/Pub.cfm?PubFormatID=1081>), provides guidance to employees seeking to engage in outside activities. In accordance with the Policy, employees are required to report their outside activities to the University and obtain approval to participate in these activities *prior to* engaging in them.¹ Outside activities are those activities, whether compensated or not, which are not part of the employee’s assigned duties and for which the University has provided no compensation.

A conflict of interest arises when an individual’s private interests (such as outside professional or financial relationships) might interfere with his or her professional obligations to the University of West Florida. Such situations do not necessarily imply wrong-doing or inappropriate activities. However in a university setting, they can compromise, or be perceived as compromising, important academic values, research integrity, or the University’s mission. This mandates that such conflicts or potential conflicts be disclosed and then managed, mitigated or eliminated.

All employees, including student employees and OPS employees (“employee(s)”) engaging in outside activities requiring disclosure must complete this Outside Activity and Conflict of Interest form.²

WHEN MUST A FORM BE SUBMITTED?

An Outside Activity and Conflict of Interest form must be submitted,

- Each time an employee plans to engage in a new activity requiring disclosure,
- At the beginning of each academic year for activities of a continuing nature (therefore, for continuing activities, the form is only valid through August 7 of each year), and
- Any time there is a significant change in an activity which has previously been reported.

WHAT ACTIVITIES REQUIRE DISCLOSURE?

All employees, including those on compensated leave or approved leave of absence (which includes professional development leaves, sabbaticals, annual leave, sick leave, etc.), must submit a disclosure of outside activity on this form if, during employment with the University of West Florida, any of the following will occur:

1. The employee seeks to engage in any compensated activity which is not part of the employee’s assigned duties,

¹ The approval process takes approximately 30 days, so please plan accordingly.

² This applies to all employees regardless of funding source.

2. The employee seeks to engage in any outside activity, whether compensated or not, which the employee should reasonably conclude
 - (a) may create or reasonably appears to create a conflict of interest;
 - (b) may otherwise interfere or reasonably appears to interfere with the full performance of the employee's professional responsibilities or other institutional obligations; OR,
 - (c) may create conflict of time, which is defined as an outside activity (including consulting, public service or pro bono work) which interferes with the employee's primary commitment of time, attention and intellectual energies to the University.

3. The employee is engaged to teach or is otherwise employed at another educational institution.

Activities which are performed wholly during a period in which the employee has no appointment with the University need not be reported, however, employees are encouraged to report activities during such periods.

Please review the non-exhaustive list of types of outside activities which must be reported and for which prior approval in writing is required in the Conflict of Interest Policy (AC-11.00-11/09 at the following link: <https://nautical.uwf.edu/UnitApp/Publication/Pub.cfm?PubFormatID=1081>).

An employee's failure to fully and properly report outside activities and other interests or failure to follow any conditions imposed pursuant to the University's approval of such activities, may be grounds for disciplinary action, up to and including dismissal.

Please use a separate form for each activity or interest.

1. Employee Name: _____
2. Department/Division/Unit: _____
3. Name of Proposed Employer, Contracting Entity, Business, etc., Address and Contact Information: _____
4. Description of Activity and/or Interest including Job Title:

5. For researchers employed on a federal grant (including Principal Investigators, Co-Investigators, Senior Key Personnel, OPS employees, and students), enter source, amount and type of compensation (e.g., company, client, royalty, honorarium, in-kind compensation, equity or other interest). Also list the previous amount of compensation received from this source during the current contractual period.

6. Anticipated dates of activity: _____ to _____

7. Estimated number of hours per week, including travel time:

Time Devoted to Outside Activity							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am to 5p.m.							
5p.m. to 8 a.m.							
All day							

Total Number of Estimated Hours per week devoted to outside activity: _____

8. This activity will or will not interfere with my University obligations including but not limited to teaching, research, service, advising, office hour obligations or administrative duties or any other duties. If it will, please describe how you will complete your obligations to the University and engage in the outside activity or interest.

9. Will University students or other University employees be involved with this activity?

Yes No

If yes, please state their names and a description of their roles in the activity.

10. Are you required, as a condition of the outside activity/interest, to waive any rights you or the University of West Florida may have to intellectual property, including copyrights, trademarks, patent rights, and/or proprietary information/trade secrets?

Yes No. If the answer to this question is yes, the Office of Research and Sponsored Programs must review this form and approve the waiver of rights prior to engaging in the activity.

11. Will University equipment, facilities, services or other resources be used?

Yes No If yes, please complete and submit the Request for Approval of Use of University Resources in Conjunction with Outside Activity form (http://uwf.edu/academic/policies/conflict/Use_of_University_Resources_Form.pdf) with this form.

12. Do you or an immediate family member have an interest in and/or an employment contractual relationship with a business entity that is or might be doing business with the University?

Yes No If yes, please provide the name of the business entity and the name of the family indicating the relationship to you and the business entity.

<u>NAME OF FAMILY MEMBER</u>	<u>RELATIONSHIP</u>	<u>BUSINESS ENTITY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. The total number of Outside Activity and Conflict of Interest forms submitted during the period from August 8 to August 7th, including this form is _____. Estimated total number of hours to be spent per week on all outside activities, interests, including this one is _____.

14. I request a conference with my immediate supervisor to discuss this request.

Yes No

I have read the University of West Florida Conflict of Interest Policy AC-11.00-11/09. The proposed outside activity or employment reported herein does not and will not interfere with the full performance of my professional duties, institutional responsibilities or any other obligations I may have to the University of West Florida and does not create a conflict of interest.

I certify that I have provided complete and accurate information on this form. I understand that any approval of an outside activity or conflict of interest that is based upon an incomplete or inaccurate report by me is null and void.

Employee Signature _____

Date _____

Typed/Printed Name: _____

Chair/Director/Supervisor Review:

I recommend this request be: ____ Approved ____ Disapproved Comments:

Chair/Director/Supervisor Signature: _____ Date _____

Typed/Printed Name: _____

Dean/AVP/Department Head Review:

I recommend this request be: ____ Approved ____ Disapproved Comments:

Dean/AVP/Department Head Signature: _____ Date _____

Typed/Printed Name: _____

Office of Sponsored Research Review/Notes:

Date _____

President/Vice President's Determination:

____ Approved ____ Disapproved Comments:

President/Vice President's Signature: _____ Date _____

Typed/Printed Name: _____

Human Resources Review/Notes:

Date filed in Human Resources employee personnel file: _____