



In conformity with University Policy [3356-7-01 Conflicts of interest and conflicts of commitment](#), all employees authorized to make or influence purchasing decisions must certify the fact that they understand and are in compliance with the Policy. Employees also must disclose the names of all current and potential vendors with whom the **University** does or may do business with **and** with whom the **employee**, the **employee’s family member** or the **employee’s business associate** has a financial or fiduciary interest, regardless of whether the employee actually makes the purchase or not. The ethics laws may permit purchases from such a vendor, however the employee must first disclose the relationship with the vendor. If such a disclosure is made, the Director of Procurement Services will initiate a discussion with the employee to determine the parameters for the employee and the University. The employee is not to make independent determinations as to whether or not purchases from disclosed vendors are permitted.

I, _____, representing _____,
(please print name) (department / college / division)

have and will adhere to University Policy [3356-7-01](#) during the fiscal year **July 1, 20__ through June 30, 20__** in the conduct of business with University vendors. I am identifying below all vendors with whom I have a business or familial relationship.

- I have no business or familial relationship as stated above with any vendors.
- I have a familial relationship as stated above with the below vendors. Please describe whether you hold a financial or fiduciary interest in the company.

- I have a business relationship with the below vendors which includes having an ownership interest in the company, defined as holding more than 5% stock in the company or holding a fiduciary position in the company.

All employees are to avoid conflicts of interest and conflicts of commitment in the conduct of University business. **Employees are required to update this Conflict of Interest Certification Form should their individual circumstances change. This form is available on the [Controller’s Office Forms webpage](#) and should be used for interim changes during the fiscal year.** Falsification of this form and/or failure to provide full disclosure of the required information may result in discipline up to and including termination of employment. A copy of the Ohio Ethics Law can be found on the [Ohio Ethics Law Overview webpage](#).

Employee Signature Title Date

Financial Manager/Supervisor Signature Title Date

*Please return the **ORIGINAL** signed form to Controller’s Office, Jones Hall*