University of Dayton
Determination and Resolution Form

Employee Name: ____________________________________________

PART 1 – SUPERVISOR

☐ No conflict of interest exists. No further action required.
☐ Conflict of interest exists. Recommended resolution:
  ☐ Employee may continue activity under specified conditions (explain below):

  ☐ Employee may not participate in activity because it constitutes a conflict of interest.

Signature: _________________________ Date: ________________

Action Item: Attach this form to signed Disclosure form and forward to the contracts and Grants Office (Zip 0104).

PART 2 – RESEARCH INSTITUTE DIRECTOR

☐ No conflict of interest exists. No further action required.
☐ Conflict of interest exists. Recommended resolution:
  ☐ Return to supervisor/employee for resolution.

  Additional information:

  ☐ Accept proposed resolution.
  ☐ Employee may not participate in activity because it constitutes a conflict of interest.

Signature: _________________________ Date: ________________

Action Item: Forward completed forms to Contracts and Grants Office (Zip 0104).

EMPLOYEE

I acknowledge that I have read and understand the Determination and Resolution Form and I

☐ Agree ☐ Do not agree to comply.

Signature: _________________________ Date: ________________