

University of Dayton  
Determination and Resolution Form

Employee Name: \_\_\_\_\_

**PART 1 – SUPERVISOR**

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- 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**

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- 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**

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

- Agree       Do not agree to comply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_