UNIVERSITY OF DAYTON
CONFLICT OF INTEREST & COMMITMENT FORM

Conflict Determination & Resolution

EMPLOYEE (Print Name):

SUPERVISOR (Print Name):

RESEARCH INSTITUTE DIRECTOR

☐ Attached resolution resolves the conflict. No further action required.
☐ Conflict still exists. See attached resolution.
☐ Conflict still exists. Return to supervisor/employee for further resolution.

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________

☐ Attached further resolution resolves the conflict. No further action required.
☐ Employee may not participate in activity because it constitutes a conflict of interest/commitment.

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________

EMPLOYEE

I acknowledge that I have read and understand the proposed resolution and I ☐ agree / ☐ do not agree to comply.

Signature: ___________________________ Date: ___________________________