

**ANDERSON UNIVERSITY
EMPLOYEE DISCLOSURE AND COMPLIANCE STATEMENT**

Name: _____

Job Title and Department: _____

Immediate Supervisor: _____

Director or Dean: _____

Vice President: _____

1. I confirm that I have received, read and will comply with both the spirit and the letter of Anderson University's Conflict of Interest Policy.

2. I confirm that as of today's date, there are no disclosures required to be made by me in accordance with the procedures set forth in the Policy, except **(provide details below or indicate "none")**.

3. I confirm that I will avoid participating in any University decisions in which, by any reasonable standard, it could be said that I (or any affiliate) have any personal financial or other stake in the decision or where other outside influences of any type could influence my independent judgment.

4. Where there is a question regarding any action involving me or any affiliate that could reasonably be construed as a conflict of interest under the policy, I will raise the question in advance with my immediate supervisor.

Signed

Date

Print Name