

**PHHP Companion:
Conflict of Interest form**

COI form - <http://aa.ufl.edu/media/aaufledu/forms/OAA-GA-L-267-Disclosure-of-Outside-Activities-Out-of-Unit.pdf>

Who should complete the form and when?

- All employees who engage in activities outside of UF (see form, page 1, for a list of activities).
- All employees who receive an honorarium for work performed for entities other than UF.
- All employees who are compensated by outside entities through mechanisms such as waived conference fees and/or travel reimbursements.
- The COI form must be approved at all levels prior to engaging in outside activity.
- An annual COI form for recurring situations should be submitted prior to the beginning of each fiscal year.

Department administrator's responsibilities

- Review the form, all fields should be completed (or "n/a" if applicable).
- If crossing fiscal years, 2 forms are required.
- Complete 1 form for each activity (even if occurring during the same time range).
- Provide any backup documents that clarify the activity / travel.
- Confirm department signatures on page 3; indicate *approved* with a checkmark (signature stamp/or digital signatures not accepted).

Completing the form

Form header: **Disclosure Period** mirrors fiscal year during which the activity will take place; all fields must be completed

1. Choose correct type of activity/interest from list on page 1, A-O, multiple checkboxes may apply
2. Fields A-J
 - a. **Name of Entity:** State entity or person's name fully; no abbreviations. Indicate if entity is for profit or not-for-profit.
Entity example: University of Alaska – Fairbanks (not "UAF")
 - b. **Description of activity:** Check all that apply
 - i. Next to the honorarium box, have the employee write YES or NO to note whether or not an honorarium is part of the request.
 - ii. If the form is for a travel reimbursement or waived conference fee, have the employee select 'Other' and then write in the appropriate reason.
 - c. **Source and type of compensation**
 - i. **Source:** Typically mirrors 2a
 - ii. **Type:** Ex: employment, honorarium, paycheck, travel reimbursement
 - iii. **Amount:** Provide total amount of compensation, no breakdown needed UNLESS an honorarium is included. Honorariums must be noted separately. Provide any backup documentation that helps explain activity schedules, an

itinerary, travel dates, activity dates, etc.

Ex: Biweekly \$500; \$15/hour, as needed, \$1000 over duration of project

NOTE: If there is no honorarium, the employee should write clearly No Honorarium and initial. (Department Administrator can write this info if provided confirmation by employee).

d. **Location and dates:**

Tallahassee, FL; Paris, France

If activity completed in one's home, state a brief description.

Date range is all inclusive and should include travel, weekends, event/activity time.

e. **One time or continuing activity**, check appropriate box

i. **If One time:**

Estimate should include travel and activity time (including after normal work hours and weekends).

ii. **If Continuing activity:**

If activity is employment, the hours worked per week and travel time are entered

Ex: Job in Shands, at 10 hours weekly, travel time 5 hours, 15 is listed in (j).

Vacation Leave used: If activity is part of the employee's professional service responsibilities, vacation leave is not taken, enter 0. If not part of professional service, enter number of hours used. Note: if employee is compensated for his/her activity/participation, professional service cannot be claimed (exceptions include activities related to the *National Institute of Health*, the *Department of Defense*, *NASA*, *CDC*, *NSF*, reviewing federally funded grants).

If the UF position doesn't earn vacation hours, i.e. OPS faculty, state "N/A, position doesn't earn vacation leave".

f. Fields (f) – (j):

i. If other employees or students in the department are participating in the same activity, provide explanation.

ii. **Has the activity been reported before?** If within current fiscal year, check **Yes**; if reported in a prior fiscal year, please indicate.

iii. **Total number of outside activity reports submitted?** Provide total number, to date. Each additional activity will increase the total throughout the fiscal year.

Estimate total number of hours spent per week:

This is a cumulative total of ALL time spent on outside activities over the course of the fiscal year.

If **One Time** activity, using the number stated in (e)

EX: Divide total hours by 52 (weeks). Enter result in *Estimated total* field; and if prior activities, state cumulative total.

If **Continuing** activity, write total stated (e)

Sections 3-8: Signatures

- a. Employee, supervisor, and chair sign & date section 6. The chair checks appropriate approval column.
Signature stamps/digital signatures are not acceptable.
Adobe-certified digital signature is acceptable.
Route form to Dean's Office HR for Dean's review and approval/denial.
- b. Once finalized, DOHR will email completed original to the department.

Was conference held to discuss this disclosure?

Check No/Yes field, and provide a summary if applicable.