



Office of Research Integrity  
2000 University Avenue  
Muncie, IN 47306-0155  
Phone: 765-285-5070

**Instructions to Employees:** Please review the Ball State University Policy on Conflict of Interest (CoI) and Conflict of Commitment (CoC) (the "Policy") as described in the *Faculty and Professional Personnel Handbook, Staff Handbook, and Service Personnel Handbook* prior to completing this form. These Handbooks are available on the BSU Website at:

[University Human Resource Services - Forms, Policies, and Guides](#)

Terms that appear in bold in Parts II and III are defined in the Policy. If you wish to maintain confidentiality, please submit this form in a sealed envelope marked "Conflict of Interest or Conflict of Commitment Disclosure-Confidential." [Confidentiality can only be assured to the extent permitted under the Indiana Access to Public Records Law, Indiana Code §5-14-3.] Complete this form by filling in the blanks in Part I and by indicating "Yes" or "No" in response to the questions in Parts II and III. If your answers to all the questions in Parts II and III are "No," no further information is required. If your answer to any of the questions is "Yes," provide an explanation as described in the paragraph following Part III. Attach additional pages if necessary. Submit the complete disclosure to your department head/chair or other supervisor.

**Submission Routing:** Individual → Department Head/Chair → Dean or Other Supervisory Official → CoI/CoC Officer (Office of Research Integrity WQ100) → Office of the President (if necessary) → Back to the Individual

\*If you have Federal research funds, please do not fill out this form. You must fill out the Significant Financial Conflict (SFCI) of Interest Form. Please go to the [Office of Research Integrity website for the SFCI Disclosure Form](#) or follow this link: [https://bsu.qualtrics.com/jfe/form/SV\\_afVLqFfeNrfz9Zj](https://bsu.qualtrics.com/jfe/form/SV_afVLqFfeNrfz9Zj)

## PART I: INFORMATION CONCERNING EMPLOYEE AND DISCLOSED ACTIVITY

Employee's Name:

Title:

Campus Address:

Email Address:

**Please check that all apply:**

Faculty	Staff	Student		
Tenured	Non-Tenured/Contract	Adjunct	Full-Time	Part-Time

## PART II: CONFLICT OF INTEREST (CoI)

**Definition:** Under the Policy, a "**conflict of interest**" exists when a University employee is in a position to influence, either directly or indirectly, University business, research or other decisions in matters in which the employee has significant financial interest.

### A. For Researchers/Principal Investigators (PI's) only:

**I DO NOT** have a financial interest in a single entity, that annually exceeds \$10,000 income, or 5% ownership interest related to the research to be conducted as part of any currently active or proposed research project.

**I DO** have a financial interest in a single entity, that annually exceeds \$10,000 income, or 5% ownership interest related to the research to be conducted as part of any currently active or proposed research project.

**B. For All**

Do you or any of your dependents have (or expect to have in the immediate future) a significant financial interest in a business or enterprise that provides goods or services to the University or which competes with the services provided by the University or its mission? [Note: if you have a "pecuniary interest" (involving \$250 or more) in, or derive a profit from, a contract or purchase connected with the University, you may also be required to file a disclosure form with the Office of the Vice President for Business Affairs and Treasurer under the Indiana Conflicts of Interest Law, Indiana Code §35-44-1-3]

Yes                      No

Do you make (or expect to make in the immediate future) any decisions concerning the hiring, assignment, compensation, tenure, or other conditions of employment of any of your dependents?

Yes                      No

Do you or any of your dependents have (or expect to have in the immediate future) a significant financial interest in, serve on the board of directors or have any employment or consulting relationship with, any income/compensation? [Applies only to Full-Time Employees]

Yes                      No

Do you engage (or expect to engage in the immediate future) in any business or other outside activity for which you receive salary, royalties, or other payments for services meeting the definition of significant financial conflict of interest that impact (or may appear to impact) your University's responsibilities?

Yes                      No

Do you engage (or expect in the immediate future) in any other activity that constitutes (or may constitute) a conflict of interest, as defined above?

Yes                      No

Describe the source(s) of additional income/compensation and approximate amount:

**PART III: CONFLICT OF COMMITMENT**

**Definition:** Under the Policy, a "**conflict of commitment**" arises when a University employee's activities outside the University affect -- or appear reasonably likely to affect -- the manner or extent to which the employee carries out his or her University responsibilities.

**[Applies only to Full-Time Employees]** Do you engage (or expect to engage in the immediate future) in any outside activities that deviate from the requirements of the Policy?

Yes                       No

Do you or will you be teaching at any other academic institution? This includes, but is not limited to, other universities or colleges, high school, elementary schools, trade schools, professional training institutions, and so forth.

Yes                       No

Do you use (or expect to use in the immediate future) any University resources in the performance of any outside activity?

Yes                       No

Do you engage (or expect to engage in the immediate future) in any other activity that constitutes (or may constitute) a conflict of commitment, as defined above?

Yes                      No

Do you make (or expect to make in the immediate future) any decisions concerning the hiring, assignment, compensation, tenure, or other conditions of employment of any of your dependents?

Yes                      No

If your answer to any of the questions in Part II or Part III is "Yes," please provide all information that is relevant to your response and which might assist the University in dealing with perceived or actual conflict of interest or conflict of commitment. For example, where applicable, you should identify the nature of the business or other outside activity, the nature of your significant financial interest or other relationship, or that of your dependent, including any positions you or your department holds or has been offered, and the nature of your University activities insofar as they relate to or involve the business or other outside activity. You should also describe the involvement of any University resources in any such outside activity. Please be as specific as possible.

#### PART IV: AFFIRMATION AND SIGNATURES

I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge, that I have read and understand my obligations under the University's Policy on Conflict of Interest and Conflict of Commitment, and that I will comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest or conflicts of commitment. I will submit an updated disclosure promptly, if my circumstances change. I also attest that I understand that failure to comply with the Col/CoC policies, management plan(s) and/or making false or misleading statements could result in disciplinary actions as applicable.

**(PLEASE TYPE AND ADD SIGNATURE)**

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Employee Name and Signature

Date

**[For Official Use Only]**

**Department Head/Chair or Other Supervisor's Action** (Please include recommendations, conditions or restrictions which might be used to manage, reduce, or eliminate an actual or perceived conflict): *Attach additional pages if needed*

Recommend Approval

Do Not Recommend Approval

If Not Approved, please explain (*Attach additional pages if need*):

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Department Head's or Supervisor's Name and Signature

Date

**Dean's or Other Official's Action** (Please include, if applicable, an endorsement and/or comments concerning recommendations of Department Head/Chair or other supervisor): *Attach additional pages if needed*

Recommend Approval

Do Not Recommend Approval

Reason for Non-Approval (*Attach additional pages if needed*):

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Dean's or Other Official's Signature

Date

**Col/CoC Officer's Action:**

Management Plan and/or Conditions Not Required

Management Plan and/or Conditions Required

Management Plan items and/or Requirements (*Attach additional page if needed*):

Approved       Disapproved       Recommend President's Review

Reason for Non-Approval or Request for President's Review (*Attached additional pages if needed*):

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Col/CoC Officer/Director, Office of Research Integrity Signature

Date

**University President (If Applicable)**

President Action Decision:       Approved                      Disapproved

Additional Requirements (*attach additional pages if needed*):

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President's Signature

Date