

This Disclosure Form must be completed by all faculty members, staff and administrators. Similar information will be collected by the Office of Research Administration as part of the grant application process.

**UNIVERSITY OF HAWAI'I DISCLOSURE FORM**

**PART 1**

Only those outside interests related to University activities need to be reported. Not all outside interests and financial relationships place the faculty or staff member or administrator in conflict with his or her obligations to the University and to their profession. Nor are all conflicting interests necessarily impermissible. Timely and complete disclosure of potential conflicts of interest protects faculty and staff members and administrators from suspicion and accusations of breaches of academic integrity.

Statement of Outside Interests and Activities

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/College/Unit: \_\_\_\_\_

Department or Subunit: \_\_\_\_\_

**Purpose:**

The purpose of this disclosure statement is for faculty members, staff and administrators of the University to ensure that no unresolved conflict exists between their primary University commitments and their outside interest and activities. This statement conforms with current federal guidelines requiring disclosure of professional activities of faculty members and administrators. This statement establishes specific facts to help supervisors determine whether potential conflicts exist, enabling them to anticipate and resolve problems.

**Procedure :**

All faculty members, staff and administrators must complete this form annually and submit it on or before April 15 to their department chairperson, unit director, dean, or other immediate supervisor. (see below.) In addition, faculty members and other professional employees who conduct or administer research supported by external funds must submit a **current** copy of this form to their supervisor with each proposal for funding if they believe new facts might create a potential or actual conflict of interests.

**1. Ownership Interests**

During the past calendar year, did you or members of your immediate family<sup>1</sup> own or control an equity interest in any organization<sup>2</sup> in your field of academic interest or specialization?

YES \_\_\_\_\_ NO \_\_\_\_\_

**2. Office and Positions**

During the past calendar year, were you or a member of your immediate family a director, officer, partner, employee, or agent, or in any managerial position of any organization outside the University of Hawaii that might be affected by your research, creative, or administrative activities? (You need not answer with respect to governmental committees, community, political, academic, charitable, religious, social, or professional nonprofit organizations.)

YES \_\_\_\_\_ NO \_\_\_\_\_

**3. Remunerative Activities**

During the past calendar year, have you received income (cash or in-kind, ignoring reimbursement of reasonable expenses) related to your teaching, research, creative, or administrative activities from any one organization outside the University and its affiliated entities in excess of 1% of your University salary? (Exclude income totaling \$500 or less [cash or in-kind] from any one source on an annual basis. Check NO if total annual remuneration from any one organization does not exceed 1% of your University salary.)

YES \_\_\_\_\_ NO \_\_\_\_\_

**4. Outside Employment of Students or Staff**

Do you now, or did you during the past calendar year, employ any of your students or staff in a company or organization outside the University?

YES \_\_\_\_\_ NO \_\_\_\_\_

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<sup>1</sup>Dependents, the spouse, and all members of the household.

<sup>2</sup> Any corporation, partnership, proprietorship, firm, enterprise, franchise, association, trust, government agency, or other entity, but not including mutual funds over which you have no control.

5. **Other Transactions or Facts**

During the past calendar year, did you or any member of your immediate family have an interest in any contract, sale, or other transaction to which the University of Hawai'i or one of its affiliates was a party, or are there other situations, not listed above, that you believe may create an actual or perceived conflict of interest? (Exclude your own or your spouse's employment contract with the University.)

YES \_\_\_\_\_ NO \_\_\_\_\_

The above is an accurate and current statement of my reportable outside interests and activities.

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

Supervisor's Statement

I certify that the person named above reports to me and to the best of my knowledge does not have any conflicts of interests or has reported and resolved them.

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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COMPLETE PART II ONLY IF YOU ANSWERED "YES"  
TO ANY OF THE QUESTIONS OF PART I.

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