

**THE UNIVERSITY OF TENNESSEE**  
**Faculty and Staff**  
**OUTSIDE INTEREST DISCLOSURE FORM**

NAME \_\_\_\_\_ PERSONNEL NO. \_\_\_\_\_  
TITLE \_\_\_\_\_ CAMPUS/INSTITUTE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ COST CENTER \_\_\_\_\_

**Instructions: This form is for the University of Tennessee faculty and staff to disclose outside interests as required by the University's conflict of interests policy (Policy FI0125). An interest must be disclosed if it:**

1. **Exists at the time of this filing;**
2. **Existed during the previous twelve months; or**
3. **Is expected to be acquired during the next twelve months.**

**Please answer the questions below, then print, sign, and date the form. Give the completed forms to your supervisor for completion of the Review Section and transmittal to the appropriate office according to campus/institute procedures. If you have any questions, please consult your campus/institute chief business officer, human resources officer, or the General Counsel's office.**

**YOUR INTERESTS**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Do you hold an office, directorship, or employment in an outside organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of organization(s): _____  |                          |                          |
| Position(s) held: _____   |                          |                          |
| Business of the organization(s): _____  |                          |                          |
| If officer or director, list the amount of compensation: _____                    |                          |                          |

For the questions below, you **do not** need to report the following types of financial interests:

- a. Salary, royalties or other remuneration paid by the University to an individual if the individual is currently employed or otherwise appointed by the University, including intellectual property rights assigned to the University and agreements to share in royalties related to such rights;
- b. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the individual does not directly control the investment decisions made in these vehicles; or
- c. Income from service on advisory committees or review panels for a federal, state or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

**Definitions:** *Remuneration* includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship). *Equity interest* includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 2. <b>Publicly Traded Entity:</b> Have you received remuneration in the twelve months preceding this disclosure or do you hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| Source(s): _____   |                          |                          |
| Business of the organization(s): _____   |                          |                          |
| Total compensation from each source: _____   |                          |                          |
| Description of services/equity interest: _____   |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |

YES NO

3. **Non-Publicly Traded Entity:** Have you received remuneration in the twelve months preceding this disclosure or do you hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000?

Source(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

Total compensation from each source: \_\_\_\_\_

Description of services/equity interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Definition:** A Faculty/Staff/Student-Owned Support Company is one whose University-related entrepreneurial activities resulted in the formation of a commercial entity.

YES NO

4. **Faculty/Staff/Student-Owned Support Company:** Have you received remuneration in the twelve months preceding this disclosure or do you hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000?

Source(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

Total compensation from each source: \_\_\_\_\_

Description of services/equity interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you hold any intellectual property rights (patents, trademarks, or copyrights): (a) from which you receive income by license, sale, or allowing others to use the intellectual property; (b) which you use in a business or outside venture; or (c) which you allow others to use in a business or outside venture?

Description of rights: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you hold more than 5 percent financial interest in any outside venture (including publicly held corporations)?

Name of venture(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

7. Have university employees or students performed any personal services for you?

Services performed: \_\_\_\_\_

Name of employee(s): \_\_\_\_\_

Name of student(s): \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 8. Does any organization or venture listed in your response to items 1-6 compete or do business directly or indirectly with the university? If so, please explain: _____<br><br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are your responsibilities for any of the organizations or ventures listed in your response to items 1-6 similar to or potentially affected by your university responsibilities? If so, please explain: _____<br><br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |

**INTERESTS OF SPOUSE, PARENTS AND CHILDREN**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 10. Do your parents, spouse, or children hold an office, directorship, or employment in an outside organization that conducts business with the university or that would be affected by your university responsibilities?<br><br>Name of organization(s): _____<br><br>Position(s) held: _____<br><br>Business of the organization(s): _____<br><br>If officer or director, list the amount of compensation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <b><u>Publicly Traded Entity</u></b> : Have your parents, spouse, or children received remuneration in the twelve months preceding the disclosure or do they hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000?<br><br>Source(s): _____<br><br>Business of the organization(s): _____<br><br>Total compensation from each source: _____<br><br>Description of services/equity interest: _____<br><br>_____<br><br>_____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <b><u>Non-Publicly Traded Entity</u></b> : Have your parents, spouse, or children received remuneration in the twelve months preceding this disclosure or do they hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000?<br><br>Source(s): _____<br><br>Business of the organization(s): _____<br><br>Total compensation from each source: _____<br><br>Description of services/equity interest: _____<br><br>_____<br><br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO

13. **Faculty/Staff/Student-Owned Support Company:** Have your parents, spouse or children received remuneration in the twelve months preceding this disclosure or do they hold any equity interest in the entity(s) where the value, when combined, exceeds \$5,000?

Source(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

Total compensation from each source: \_\_\_\_\_

Description of services/equity interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Do your parents, spouse or children hold any intellectual property rights (patents, trademarks, or copyrights: (a) from which they receive income by license, sale, or allowing others to use the intellectual property; (b) which they use in a business or outside venture; or (c) which they allow others to use in a business or outside venture?

Description of rights: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Do your parents, spouse or children hold more than 5 percent financial interest in any outside venture (including publicly held corporations)?

Name of venture(s): \_\_\_\_\_

Business of the organization(s): \_\_\_\_\_

16. Have university employees or students performed any personal services for your spouse or children?

Services performed: \_\_\_\_\_

Name of employee(s): \_\_\_\_\_

Name of student(s): \_\_\_\_\_

17. Describe any actual or potential conflicts between the outside interest or activities disclosed on this form and your duties and responsibilities to the university and sponsoring organizations. Also, please provide any other information about outside interest that you wish to disclose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that if I acquire an interest during the year that requires disclosure, I will take the initiative to disclose it. I also understand that I must complete a new form annually as long as an interest I have previously disclosed exists. I acknowledge that I have read and understand the university's conflict of interest policy and have made all necessary disclosures.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**FORWARD SIGNED FORM TO IMMEDIATE SUPERVISOR**

**REVIEW OF DISCLOSED OUTSIDE INTERESTS**

**1. Department Head or Other Immediate Supervisor**

**YES      NO      UNSURE**

Did the employee answer **YES** to any questions?

    

If **YES**, in your opinion, does the information disclosed represent a conflict of interest with the employee's university responsibilities or activities with sponsoring organizations?

          

If **YES** or **UNSURE**, describe the conflict or potential conflict and your recommendation for resolving or monitoring it (or attach a separate document).

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\_\_\_\_\_  
**Department Head/Supervisor Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**FORWARD SIGNED FORM TO FINANCE AND OPERATIONS (300 HYMAN)**

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**2. Chief Business Officer or Designee:**

Whether or not a conflict is found, some action may be required to reduce the potential or the appearance of a conflict of interests. Complete the information below indicating if action is needed and/or being taken.

**Fiscal Year Begin Date:** \_\_\_\_\_ (MMDDYY)

**Disclosure Code:** \_\_\_\_\_ (If C, comments are required below.)

**N** = No disclosure

**Y** = Interests disclosed, but no conflicts identified

**C** = Conflict or potential conflict identified and action required

**Comments or Action to be taken (or attach a separate document):**

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\_\_\_\_\_  
**Chief Business Officer or Designee Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**