

## CONFLICTS OF INTEREST POLICY ACKNOWLEDGEMENT FORM

I hereby acknowledge and agree:

1. That I have received and read a copy of the Conflicts of Interest Policy and agree to abide by this policy.
2. That I will comply with the rules and regulations outlined in this policy.
3. That this original acknowledgement will be placed in my personnel file and maintained by my department.

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Name of Employee (printed)

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Employee Signature

Date

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Name of Supervisor (printed)

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Supervisor Signature

Date