| Employee Name: | Banner ID: |
|---|-------------------------------------|
| Conflict of Interest (COI) Committee Action (for committee use only): | |
| ☐ ACCEPT/APPROVE MANAGEMENT PLAN | |
| CONDITIONAL APPROVAL OF MANAGEMENT PLAN (Must include Recommendations listed below) | |
| REJECT MANAGEMENT PLAN | |
| Recommendations / Explanations: | |
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| Action authorized by: | Date: |
| Chairman of COI Committee | |
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| FINAL APPROVAL by Vice President/President responsible for unit: | |
| (Employee and Immediate Supervisor must receive copies of final disclosu | ire document with management plan.) |
| Division: | |
| | |
| | |
| Signature of Vice President /President | Date |
| | |
| | |
| | |
| Approval of outside employment by University President (when required): | |
| | |
| | |
| President | Date |