

### Declaration of Potential Conflict of Interest

**Section 1 – To be completed by the employee**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Primary Work Location:** \_\_\_\_\_

**Employee Date of Hire:** \_\_\_\_\_ **Employee Position(s):** \_\_\_\_\_

I have a potential conflict of interest as indicated below by checking all that apply:

1. \_\_\_\_\_ **Outside employment by an entity other than the Bellevue School District for direct or indirect compensation or benefit to the District employee that might lead to a potential conflict of interest with your BSD employment, such as:**

- \_\_\_\_\_ Working for summer camps
- \_\_\_\_\_ Working for camps during the school year
- \_\_\_\_\_ Tutoring
- \_\_\_\_\_ Consulting
- \_\_\_\_\_ Coaching or training
- \_\_\_\_\_ Private lessons or instruction
- \_\_\_\_\_ Test Preparation
- \_\_\_\_\_ College and career counseling
- \_\_\_\_\_ In home care, child care
- \_\_\_\_\_ Professional Driving
- \_\_\_\_\_ Book Keeping
- \_\_\_\_\_ Catering

**For Coaches Only (as covered by the Collective Bargaining Agreement between the Bellevue Coaches Association and the Bellevue School District)**

\_\_\_\_\_ Regular employment outside of the District

Please list the name of the employer and a brief description of the type of regular employment \_\_\_\_\_

(May attach additional information or explanation if needed)

2. \_\_\_\_\_ **Relation to another employee in the District as a family member**

Family member name: \_\_\_\_\_

Family member relation to employee: \_\_\_\_\_

Family member primary work location: \_\_\_\_\_

Family member position with the District: \_\_\_\_\_

3. \_\_\_\_\_ **Relation to another employee, parent, organization or community member that is perceived as providing special benefit**

Individual or organization's name: \_\_\_\_\_

Describe the relationship as it relates to the individual or organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature** **Date**

**Section 2 – To be completed by the supervisor**

Date of Review: \_\_\_\_\_

I have reviewed the potential conflict of interest with the employee and have determined:

\_\_\_\_\_ I do not identify a potential of conflict of interest and submit this form to Human Resources for confirmation.

\_\_\_\_\_ I have insufficient information to identify a potential conflict of interest and submit this form to Human Resources for its determination.

\_\_\_\_\_ I identify a potential conflict of interest and submit this form to the Human Resources Compliance Officer for review and confirmation that the identified steps below will mitigate or eliminate the potential conflict of interest.

Please describe the action steps taken to mitigate/eliminate to potential conflict of interest along with any additional documentation or information.

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

\_\_\_\_\_ I identify a potential conflict of interest that I believe cannot be mitigated or eliminated and submit this form to Human Resources for confirmation.

\_\_\_\_\_  
**Supervisor Signature** **Date**

**Section 3 – To be completed by Human Resources Compliance Officer or Designee**

Date of Review: \_\_\_\_\_

I have reviewed the potential conflict of interest with the employee and have determined:

\_\_\_\_\_ I do not identify a potential of conflict of interest.

\_\_\_\_\_ I have insufficient information to identify a potential conflict of interest and will investigate further.

\_\_\_\_\_ I identify a potential conflict of interest and that the identified steps below will mitigate or eliminate the potential conflict of interest.

Please describe the action steps taken to mitigate/eliminate to potential conflict of interest along with any additional documentation or information.

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

\_\_\_\_\_ I identify a potential conflict of interest that cannot be mitigated or eliminated. I have provided direction for the employee below, and followed up with communication with the employee:

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

\_\_\_\_\_  
**Compliance Officer Signature** **Date**

Completed form will be placed in the employee personnel file, along with a copy to the employee and supervisor.

The employee and supervisor shall receive confirmation of review of potential conflict of interest upon review by Human Resources Compliance Officer or Designee. Such confirmation shall identify the category of review as described above, and any correction or revision should a potential conflict of interest be identified.

Should a potential conflict of interest identified that is deemed to be one that cannot be mitigated or eliminated, the employee and supervisor shall be notified.