

Oregon Military Department Conflict of Interest Review and Determination Form

Name: _____ OR no.: _____

Program area/unit: _____ Date: _____

Read the Conflict of Interest Policy. If you, your family or your outside business could benefit from an action or decision you make at OMD it could be a conflict of interest:

Potential Conflicts Include:

- Close, personal relationships
- Professional relationships
- Vendor or contractor relationships
- Non-OMD employment
- Board or commission memberships
- Gifts

Declaration of potential conflict of interest. Be as detailed as needed:

Employee Name and Signature: _____ Date: _____

Supervisor Name and Signature: _____ Date: _____

AGP use only

Determination: Conflict: No conflict

Restrictions or conditions: _____

Human Resources Name and Signature: _____ Date: _____