



Granville County
Conflict of Interest Disclosure Form

Employee Name (print) _____ Date _____
Department _____ Supervisor _____

A **Conflict of Interest** relates to situations where financial or other personal matters may compromise, may involve the potential for compromising, or may have the appearance of compromising an employee's objectivity in fulfilling his/her County duties or responsibilities.

A **Financial Interest** is defined as: (i) payment for services not inclusive of County base salary; (ii) equity or other ownership interest in publicly or non-publicly traded entities; or (iii) intellectual property rights and interests upon receipt of income related to such rights and interest held by employee or family members.

Check all that apply:

- I have a potential or real Conflict of Interest to report.*
- I have a personal financial interest that may affect decision making with respect to my employment.*
- I have a relationship, commitment, or activity that may present a Conflict of Interest with my employment with Granville County.*
- A member of my immediate family has a personal financial interest in an activity that may affect decision making with respect to my employment.*
- A member of my immediate family has a relationship, commitment, or activity that may present a Conflict of Interest with my employment with Granville County.*
- I and/or a member of my immediate family have received reimbursed or sponsored travel or other non-monetary benefits related to my County responsibilities.*
- A member of my immediate family has been hired by Granville County. I do not supervise or manage this family member nor am I in their chain of command.

Department: _____
Name of Employee: _____
Familial Relationship: _____

- A member of my immediate family has been hired by Granville County and I supervise or manage this family member or have the potential to supervisor or manage this family member

Department: _____
Name of Employee: _____
Familial Relationship: _____
Supervisory Relationship: _____

- I am engaged in a consensual relationship required to be reported by the County's Conflict of Interest Policy (i.e., the relationship is with someone in the same department or someone for whom I supervise or otherwise exercise management responsibilities over).

Name of Employee: _____
Supervisory Relationship: _____

***If you have disclosed a potential or real Conflict of Interest or a Financial Interest held by you or an immediate family member, you must describe each potential or real Conflict of Interest or Financial Interest on a separate page and attach to this form.**

Employee Name _____

In completing and signing this form, I affirm that I have read and understand the policies of Granville County regarding Conflict of Interest. To the best of my knowledge, the information provided herein is true and accurate.

Employee Signature

Date

Department Head Signature

Date

Disclosure Form Review by Human Resources Director:

After reviewing the information provided above and the attachments, the reviewing official should determine if there is a non-willful violation of Granville County's Conflict of Interest Policy.

If a non-willful violation is found, a Conflict of Interest Management Plan shall be developed and approved by the HR director and county manager. If a willful violation is found, the HR director shall recommend appropriate remediation and/or disciplinary action to the hiring authority.

Conflict of Interest present: Yes No

If yes, attach a proposed Management Plan.

Name (Print): _____

Signature: _____ Date: _____

Conflict of Interest Management Plan Review by County Manager:

Agreement that a Conflict of Interest exists: Yes No

Signature below indicates approval of the Conflict of Interest Management Plan.

Name (Print): _____

Signature: _____ Date: _____