

# HOFSTRA UNIVERSITY EMPLOYEE DISCLOSURE STATEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Title and Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Director: \_\_\_\_\_ Vice President: \_\_\_\_\_

1. I confirm that I have received and read and will comply with both the spirit and the letter of the Hofstra University Conflict of Interest and Commitment Policy for Employees.

2. I confirm that as of today's date, there are no disclosures required to be made by me in accordance with the procedures set forth in the Policy, except \_\_\_\_\_ (provide details in an attached statement or indicate "none").

3. I confirm that I will avoid participating in any University decisions in which, by any reasonable standard, it could be said that I (or any affiliate) have any personal financial or other stake in the decision or where other outside influences of any type could influence my independent judgment.

4. Where there is a question regarding any action involving me or any affiliate that could reasonably be construed as a conflict of interest under the policy, I will raise the question in advance with my Supervisor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date