
Employee Name (please print)

**Algonquin College
Conflict of Interest Form**

EMPLOYEE

I have received and read the Algonquin College Conflict of Interest Policy

Date

Employee Signature

Declaration:

According to the Policy Guidelines Directive D11, I am not engaged in any activity that is a conflict of interest or that in any way could be perceived to be a conflict of interest.

Date

Employee Signature

Clarification requested: I wish clarification of business, commercial, financial or other interests as outlined below. I am uncertain if these activities place me in a conflict of interest situation.

Date

Employee Signature

SUPERVISOR

Comments/Action Taken

Date

Employee Signature