



Declaration Related to Consensual Relationships and Potential Conflicts of Interest

Employee Name: _____

Employee ID: _____

Reports required under policy OIT-22-055 will be considered submitted in confidence, pursuant to ORS 192.345(4), and will be kept as confidential as allowed by law. All parties should be mindful of confidentiality, but mitigating measures to be implemented may be disclosed to the extent necessary to eliminate the actual, potential, or perceived conflict of interest.

If an employee finds themselves in a situation or a potential situation of conflict of interest, they must seek guidance from their supervisor, an HR representative, or the Title IX Coordinator to determine if a conflict or potential conflict exists and how Oregon Tech and the employee(s) involved can work to mitigate the conflict or potential conflict. If a conflict of interest or potential conflict of interest is identified the employee must use this form to officially declare the conflict or potential conflict and institutional remedies.

Declaration Related to Consensual Relationships and Potential Conflicts of Interest form:

I, _____, hereby declare the following potential or actual conflict of interest to Oregon Tech.

1. Description of the situation that presents an actual or potential conflict of interest:

2. Name of Individual(s) involved in the actual or potential conflict of interest:

3. Nature of your relationship with or interest with the individual(s) named above:

4. In accordance with Oregon Tech's OIT-22-055 and in agreement with the appropriate supervisory entities at Oregon Tech the following actions will be taken to mitigate the risks posed by this potential or actual conflict of interest:	
The undersigned hereby acknowledge the above noted actual or potential conflict of interest and agree that the above-mentioned action be taken to mitigate any risks posed by the actual or potential conflict of interest identified above.	
Signature of Employee	Date (MM/DD/YYYY)
Signature of Supervisor	Date (MM/DD/YYYY)
Signature of AVP of Human Resources	Date (MM/DD/YYYY)

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