

### Disclosure and Certification Form

Employees’ first and primary obligation is to carry out their workplace responsibilities professionally, objectively, and ethically and in a manner that is consistent with the best interest of Princeton University. The University is committed to minimizing actual or perceived conflicts of interest and conflicts of commitment between its employees’ University obligations and their outside personal or professional interests. The University considers conflicts of interest seriously and takes immediate steps to address them.

**To fulfill this commitment, all regular and term benefits-eligible staff members are required to:**

1. Certify they have reviewed and are familiar with their responsibilities as described by the policies and regulations found in Section 1 of this form.
2. Complete and sign this form and submit it to their supervisors within the specified timeframe. The act of reporting activities outside their roles at Princeton University does not necessarily mean there is a material conflict. If in doubt, employees should overreport rather than to underreport.

EMPLOYEE INFORMATION	
<b>FIRST AND LAST NAME:</b>	<b>TITLE:</b>
<b>DEPARTMENT:</b>	<b>PERIOD COVERED:</b> <i>(check one)</i> <input type="checkbox"/> Previous 12-month calendar year (for annual review) <input type="checkbox"/> Current period (only for new hires and transfer or promoted staff) <input type="checkbox"/> Current staff updating a disclosure or nondisclosure previously submitted
<b>EMPLOYMENT STATUS:</b> <i>(check one)</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
<b>MY ROLES/RESPONSIBILITIES AT PRINCETON:</b> <i>(check all that apply and at least one)</i>	
<input type="checkbox"/> I am a supervisor or manager of one or more employees or student workers and/or responsible for decisions relating directly or indirectly to hiring or rehiring, promoting or transferring, salary setting, performance appraisals or reviews, work assignments, or other working conditions and/or direct benefits.  <input type="checkbox"/> I am a manager or an individual contributor who has access to proprietary, confidential, and/or restricted University information.  <input type="checkbox"/> I sit on a board or organization on behalf of Princeton.	<input type="checkbox"/> I make decisions and/or have the ability to influence, commit, authorize, approve, or contract on behalf of Princeton for buying or selling goods, services, intellectual property rights, and/or use of University facilities and resources.  <input type="checkbox"/> I have a University credit card and/or I am authorized to process or make payments.  <input type="checkbox"/> I have none of the responsibilities described above.

## Section 1—REVIEW OF UNIVERSITY POLICIES AND/OR REGULATIONS

This section asks you to certify that you reviewed and understand University policies and other regulations.

A. *To be completed by all employees, including supervisors and managers:*

- I have reviewed and understand all University conflict of interest policies listed below that clarify that employees who act on behalf of Princeton University have an obligation to avoid activities or situations that may result in a conflict of interest or the appearance of conflict of interest as described by these policies.

[5.3.1 Conflict of Interest](#)

[5.3.2 Nepotism and Personal Relationships in the Workplace](#)

[5.3.3 Hiring Members of the Same Family or Household](#)

[5.3.4 Consulting and Other Outside Activities](#)

[5.3.5 Purchasing and Contracts](#)

[5.3.6 Use of University Resources](#)

[5.3.7 Gifts and Gratuities](#)

[5.3.8 Solicitation and Distribution](#)

[5.3.9 Outside Consulting for Faculty Members Who Hold Administrative Appointments](#)

B. *To be completed by all employees, including supervisors and managers:*

- I have reviewed and understand my responsibilities under the following policies, and I have reviewed and understand my protections under the following regulations:

[1.1.3 Responsibilities of Employees](#)

[Rights, Rules, Responsibilities](#)

Other [University policies](#), including and not limited to, [Reporting Potentially Illegal Activity](#)

[Drug Free Workplace Act](#)

[NJ Conscientious Employee Protection Act](#)

[NJ Gender Equity Notice of 2014](#)

C. *To be completed by all supervisors and managers:*

- I have reviewed and understand my responsibilities under the following policy:

[1.1.4 Responsibilities of Supervisors](#)

**Section 2—NEPOTISM AND PERSONAL RELATIONSHIPS IN THE WORKPLACE**

This section asks you to disclose personal relationships with individuals that could interfere with or alter, or reasonably appear to interfere with or alter, your objectivity, professional judgment, and/or decision-making in connection with your work responsibilities or work on behalf of the University. Refer to policy [5.3.2 Nepotism & Personal Relationships in the Workplace](#), which includes prohibitions related to students and definitions of personal relationships.

During the period covered, have you initiated or participated directly or indirectly in decisions involving hiring or rehiring; promoting or transferring; salary setting, including reclassifications, merit, or other compensation adjustments; performance appraisals or reviews; work assignments; or other working conditions and/or direct benefits to:

- An individual with whom you are involved consensually, romantically, and/or sexually?
- Family members defined broadly as individuals (1) related to you by blood, marriage, partnership, adoption, or guardianship; (2) living in your household; (3) who are your in laws; and/or (4) whose close association with you is the equivalent of a family relationship?
- Individuals with whom you have an outside business or professional relationship where you have a significant financial interest; current or pending employment, ownership, consulting, management, fiduciary, or similar affiliation; or non-family friendship or acquaintanceship, including and not limited to coworkers, neighbors, hired service providers outside of work, professional contacts, affiliations through your nonprofit organizations, etc.?

**Yes**    **No**

If you answered “**yes**,” include the information about the person or persons in the following chart and include an explanation, including a description of the actual, perceived, or potential for a conflict of interest or commitment. *Use additional paper to add more information or other disclosures.*

**First and Last Name:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Category:**

- Faculty/Staff
- Temp/Casual/Contractor
- Vendor or Other Service or Product Provider

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3—CONSULTING, OUTSIDE EMPLOYMENT, AND OTHER OUTSIDE ACTIVITIES**

**Paid Consulting or Outside Employment:** This section asks you to disclose outside work for which you are paid and/or compensated. Refer to policy [5.3.4 Consulting and Other Outside Activities](#).

During the period covered, have you worked as a paid employee for any organization, business, or individual **other than Princeton University**? This can include and is not limited to having a second job or being an owner, operator, independent contractor, consultant, freelancer, etc. Disclose work that is compensated with in-kind benefits, e.g., lodging, housing, travel expenses, in addition to salary or other monetary compensation.  
 **Yes**    **No**

If “**yes**,” complete the sections below. Use additional paper to add more information or other disclosures.

**Name of Organization:**

**Job Title or Role:**

**Estimated # of Hours Worked During the Covered Period:** \_\_\_\_\_

**When Do You Perform the Work?**  
 During work hours  
 Outside of work hours

**Do You Perform the Work on Behalf of Princeton University?**  
 Yes  
 No

**Description of Work Performed:**

**Relationship to Your Princeton Role, If Any:**

Describe any real or potential for conflict of interest or commitment. If you perceive none, write “none.” Use additional paper to add more information or other disclosures.

**Management or Fiduciary Activities in an Outside Organization:** This section asks you to disclose any paid or unpaid management or fiduciary activities in which you are involved that are not addressed elsewhere in Section 3.

Over the period covered, have you had a management or other fiduciary role in any organization other than Princeton? This includes and is not limited to service as an officer, board member, supervisor or manager, or owner or principal at an organization or business other than Princeton. It also includes any type of scientific, technical, advisory, or other board appointment for which you might or might not have received remuneration or reimbursement for related travel or other expenses.  **Yes**  **No**

If “yes,” complete the sections below. Use additional paper to add more information or other disclosures.

**Name of Organization:**

**Job Title  
or Role:**

**Estimated # of Hours Worked  
During the Covered Period: \_\_\_\_\_**

**When Do You Perform the Work:**

- During work hours  
 Outside of work hours

**Do You Perform the Work on Behalf of  
Princeton University?**

- Yes  
 No

**Description of  
Work  
Performed:**

**Relationship to Your  
Princeton Role, If  
Any:**

Describe any real or potential for conflict of interest or commitment. If you perceive none, write “none.”

**Unpaid Consulting or Volunteer Work:** This section asks you to disclose work performed for which you are unpaid or volunteer for any organization, business, or individual **other than Princeton University**.

Over the covered period, have you performed unpaid or volunteer work for any organization, business, or individual other than Princeton University?  **Yes**  **No**

If "yes," complete the sections below. Use additional paper to add more information or other disclosures.

**Name of Organization:**

**Job Title or Role:**

**Estimated # of Hours Worked During the Covered Period:** \_\_\_\_\_

**When Do You Perform the Work:**

- During work hours
- Outside of work hours

**Do You Perform the Work on Behalf of Princeton University?**

- Yes
- No

**Description of Work Performed:**

**Relationship to Your Princeton Role, If Any:**

Describe any real or potential for conflict of interest or commitment. If you perceive none, write "none."

## Section 4—PURCHASING AND CONTRACTS

This section asks you to disclose connections you have with outside entities, stock, and/or ownership interests as well as anything of value you have received at work from vendors or contractors or their agents. Refer to policy [5.3.5 Purchasing and Contracts](#) and policy [5.3.2 Nepotism and Personal Relationships in the Workplace](#).

Family members are defined broadly in policy 5.3.2 as individuals (1) related to you by blood, marriage, partnership, adoption, or guardianship; (2) living in your household; (3) who are your in laws; and/or (4) whose close association with you is the equivalent of a family relationship.

During the covered period, have you made any decisions or do you have the authority to make or influence a decision as an employee of Princeton University with respect to any organization:

- In which you, your family members, defined above, or other persons with whom you have a personal relationship, as defined in policy 5.3.2, have greater than one percent (1%) of such organization's stock or ownership interest?  **Yes**  **No**
- With which you, your family members, defined above, or other persons with whom you have a personal relationship, as defined in policy 5.3.2, have current or pending employment, ownership, consulting, management, fiduciary, or similar affiliation?  **Yes**  **No**
- From which you have solicited or accepted gifts, gratuities, favors, or anything of monetary value, including and not limited to current or potential vendors or contractors or their agents? Exceptions include ordinary business courtesies, such as payment for a meal or event, or acceptance of gifts that are promotional items without significant value and that are distributed routinely.  **Yes**  **No**

If you answered "yes" to any of the items above, provide a brief description below of the real or potential conflict of interest or commitment. If you perceive none, write "none."

**Company Name:**

**Nature of Work:**

**Amount and Percentage of Ownership:** \_\_\_\_\_  
\_\_\_\_\_

**Approximate Value:** \_\_\_\_\_

**Relationship with Your Princeton Related Activities (Include Any Princeton Program That Might Be Affected):**

**Section 5—USE OF UNIVERSITY RESOURCES, GIFTS AND GRATUITIES, AND SOLICITATION AND DISTRIBUTION**

This section asks you to disclose anything of value you have received or solicited at work from vendors, contractors or their agents, other University departments or employees, or from others with whom there is a potential or ongoing professional relationship; certain non-work-related fundraising activities; and use of University resources for purposes not related to University business. Refer to policies [5.3.6 Use of University Resources](#), [5.3.7 Gifts and Gratuities](#), and [5.3.8 Solicitation and Distribution](#).

During the covered period, have you:

- Solicited gifts from vendors, contractors, local businesses, University departments, or others with whom there is a potential or ongoing professional relationship?  
 **Yes**  **No**
- Accepted gifts or perquisites from local businesses, vendors, contractors, or others with whom there is a potential or ongoing business or professional relationship, including travel expenses, meals, hotel accommodations, or their reimbursement, etc.? Exceptions include ordinary business courtesies, such as payment for a meal or event, or gifts that are promotional items without significant value and are distributed routinely.  **Yes**  **No**
- Engaged in fundraising events with coworkers on behalf of charitable organizations? Exceptions are passive fundraising events, e.g., an office display for selling Girl Scout cookies, etc., and University-sponsored activities, such as the United Way.  
 **Yes**  **No**
- Used any University resources for non-University-related activities, including and not limited to technology, office supplies, postage or mail services, office or workspace, University-owned vehicles, and/or another staff member’s time?  **Yes**  **NO**

If you answered “**yes**” to any of the items above, provide a brief description below of the real or potential conflict of interest or commitment. If you perceive none, write “none.”

*While there may be occasional instances when personal business-related correspondence or the like is received at the University office, employees should not routinely use University resources, either during or after normal business hours, for purposes not related to University business.*

**Section 6—CERTIFICATION AND MANAGEMENT REVIEW**

**EMPLOYEE CERTIFICATION**

Employee First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_@princeton.edu

Provide the name of your supervisor or manager who will review your form:

Supervisor/Manager First and Last Name: \_\_\_\_\_

**By signing this form, I:**

1. Certify that I read and understand the policies and regulations referred to in this document
2. Certify that the information I provided on this form is complete and accurate to the best of my knowledge
3. Certify that I will complete and **submit a new Annual Disclosure and Certification Form at any time during the year** if there is any actual or anticipated significant change in my outside activities or related financial interests.

**Violation of policy, including failure to complete this form and provide accurate disclosures, is considered a serious matter and may result in disciplinary action up to and including employment termination.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FIRST LEVEL SUPERVISOR/MANAGER REVIEW

Supervisor/Manager First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_@princeton.edu

### Section A: Review of Form

**Having reviewed this disclosure form carefully, I have determined that the individual who completed this form: (check one)**

- Needs to provide additional information. I am returning it with an explanation of what is needed.
- Made no disclosures and, therefore, has no material conflict of interest or commitment with regard to the individual's responsibilities.
- Has made one or more disclosure and appears to have no material conflict of interest or commitment with regard to the individual's responsibilities (refer to [Risk Assessment Guidance](#) on the HR website).
- Has made one or more disclosure that may present a material conflict (refer to [Risk Assessment Guidance](#) on the HR website) necessitating a plan to address or eliminate that conflict. Such plan must be reviewed and approved by our cabinet officer.

### Section B: Departmental Review Process

Check the box that applies in your department review process:

- No second level managerial review is included in the department's review process. If there are no disclosures, the review process is complete.
- This form is forwarded to the second level manager.

**Manager First and Last Name:** \_\_\_\_\_

- This form is forwarded to the cabinet officer or designee/associate dean for academic affairs to review one or more disclosures.

**Cabinet Officer or Designee/  
Associate Dean of  
for Academic  
Affairs** First and Last Name: \_\_\_\_\_

**Supervisor/Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECOND LEVEL MANAGER REVIEW (based on departmental procedures):**

Manager First and Last Name: \_\_\_\_\_

Having reviewed this disclosure form carefully, I have determined that the individual who completed this form: *(check one)*

- Needs to provide additional information. I am returning it with an explanation of what is needed.
- Made no disclosures and, therefore, has no material conflict of interest or commitment with regard to the individual's responsibilities. The review process is complete.
- Has made one or more disclosure and appears to have no material conflict of interest or commitment with regard to the individual's responsibilities (refer to [Risk Assessment Guidance](#)).
- Has made one or more disclosures that may present a material conflict (refer to [Risk Assessment Guidance](#)) necessitating a plan to address or eliminate that conflict. Such plan must be reviewed and approved by our cabinet officer.

**Cabinet Officer First and Last Name:** \_\_\_\_\_  
**or Designee/  
Associate Dean  
for Academic  
Affairs**

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CABINET OFFICER OR DESIGNEE NAME/ASSOCIATE DEAN FOR ACADEMIC AFFAIRS REVIEW**

I have reviewed this disclosure form and determined that *(check one)*:

- The individual needs to provide additional information. I am returning it with an explanation of what is needed.
- The individual had no material conflict of interest or commitment with regard to the individual's responsibilities. No additional review is needed and the process is complete.
- The individual had a material conflict and a mutually agreed upon plan between the individual and management will be developed to address, mitigate, and/or eliminate the conflict. No additional review is needed and the process is complete.

**Cabinet Officer/Designee or Associate  
Dean for Academic Affairs Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cabinet Officer Signature (as  
necessary in addition to the designee):** \_\_\_\_\_

**Date:** \_\_\_\_\_