PELLISSIPPI STATE COMMUNITY COLLEGE
DISCLOSURE FORM

INSTRUCTIONS: This form must be used by employees of Pellissippi State Community College to report all interests required to be disclosed under Tennessee Board of Regents Policy 1:02:03:10. Terms used are defined in the policy. In paragraphs 4, 5, and 6 below please specify which relationships or business affiliations could reasonably constitute a conflict of interest with the TBR system.

Disclosure statements should be filed annually whenever an employee determines a potential conflict might exist. These disclosure statements must be filed with the President's Office.

The disclosure statement must be signed and the signature attested to by a witness. Attach additional pages as necessary. Please type or print all information legibly.

1. Date of Disclosure _____

2. Name of Employee _____

3. Address _____
   Street or Rural Route No City State Zip Code Phone

4. Please list all relationships or business affiliations where you are, or a member of your immediate family is, an officer, director, trustee partner, employee or agent of such organization.

   _____
   _____
   _____

5. Please list all relationships or business affiliations where you are, or a member of your immediate family is, the actual or beneficial owner of more than 4% of the voting stock or controlling interest in such organization.

   _____
   _____
   _____

6. Please list all relationships or business affiliations where you have, or a member of your family has, any direct or indirect dealings with such organizations (other than those listed in #4 and #5 above) from which you knowingly materially benefit (i.e., through receipt directly or indirectly of cash or other property in excess of $4,000 per year exclusive of dividends or interest).

   _____
   _____
   _____

7. ADDITIONAL INFORMATION: List any additional information you wish to disclose.

   _____
   _____

8. Signature (must be attested to by a witness)
   I certify that the information contained in this disclosure is true and that it is a complete and accurate report of all matters that I am required to disclose by the TBR Policy 1:02:03:10.

Print Form

Reset Form

_____
Signature Date

I, the undersigned, do hereby witness the above signature, which was signed in my presence.

_____
Signature Date