



Central New Mexico Community College

Conflict of Interest Disclosure Form

Name: _____

Position/Title/Department: _____

Date: _____

All CNM employees have an obligation to disclose or report situations or activities that create an actual, potential, or apparent conflict of interest.

A. If this is a self-disclosure, please complete this section.

Briefly describe any interest, relationship, or transaction that could create a real, apparent, or potential conflict of interest contrary to the requirements or general principles set forth in CNM's Conflict of Interest Policy:

Organization _____

Your Position _____

Nature of Business Relationship _____

I have read CNM's Conflict of Interest Policy. I understand and accept my obligation to disclose in a timely fashion any interest that I, or my immediate family, might have in a proposed CNM transaction.

The above is an accurate and current statement of all my reportable outside interests and activities, to the best of my knowledge.

Employee Signature (Required for Self-disclosure)

Date

B. If you are reporting a suspected, witnessed, or known activity that may constitute a conflict of interest, describe the activity in as much detail as possible below.

(Use additional page for more information if necessary.)

(Hand deliver or mail this form in a sealed envelope to Director of Internal Audit.)