SOUTH DAKOTA BOARD OF REGENTS
CONFLICTS OF INTEREST DISCLOSURE SHORT FORM

EMPLOYEE INFORMATION

Name _____

Institution & School/Department _____

Position Title _____

Campus Phone No. _____

Email address _____

Institution ID No. _____

DISCLOSURE AND CERTIFICATION:

Do you or any immediate family members have financial interests in outside entities that are subject to reporting under Board Policy No. 4:35?

☐ NO ☐ YES*

Do you anticipate entering into agreements to teach for a non-Regental institution during the coming year or to provide to the public through an outside entity services that you provide while under contract with your employing institution?

☐ NO ☐ YES[1]

I certify the accuracy of the foregoing statements, and I acknowledge that it is my responsibility to disclose new reportable financial interests with the times allowed under Board Policy No. 4:35.

Employee's Signature (full legal name):

_____ Date: _____

PRESIDENT (SUPERINTENDENT) ACKNOWLEDGEMENT:

Signature _____ Date: _____

_____

* Please attach an Addendum Form identifying the reportable financial interests.

BOARD POLICY NO. 4:35 REPORTING REQUIREMENTS

- Each person employed full-time in administrative, faculty or other professional positions must file an annual disclosure report.

- Financial interests are subject to disclosure if the duties of the professional employee involve decisions that involve a business or organization in which the employee holds significant financial interests.

- Under the policy, financial interests must be reported if the outside business or organization:

  i. employs the professional employee, or an immediate family member,
  ii. retains such a person as a consultant, or in any other compensated capacity, or
  iii. when the professional employee or immediate family members, either individually or in aggregate, own equity in the outside entity equal to 5% of the equity issued by the entity or at least $10,000 of ownership interests in the outside entity.

- "Immediate family" includes a spouse, a common law spouse, or any other adult with whom the professional employee lives and commingles assets, unemancipated natural or adopted children, persons over whose affairs the professional employee or spouse exercises the responsibilities of guardian.

- The duty to disclose conflicts is continuing, and this disclose must be supplemented within one month of the time that the employee or immediate family member acquires employments or other business or financial interests that would be reportable under the policy.

- Immediate disclosure is required if the professional employee is actively participating in decision-making in a project or other endeavor involving the outside employer, contractor or entity.

- Approval is required <u>before</u> accepting any instructional appointment to any institution not governed by the Board of Regents.

- Approval is required <u>before</u> a professional employee agrees (i) to provide services to the public through a business or organization, (ii) while under active contract to the employing institution, if (iii) the arrangement involves the same services that the employee provides on behalf of the employing institution.

ADDENDUM TO
SOUTH DAKOTA BOARD OF REGENTS
CONFLICTS OF INTEREST DISCLOSURE

EMPLOYEE INFORMATION

Name _____

Institution & School/Department _____

Position Title _____

Campus Phone No. _____

Email address _____

Institution ID No. _____

OUTSIDE EMPLOYMENT: List each outside employer:

Employee: _____

Immediate Family Member: _____

OUTSIDE COMPENSATION: List each consultant contract or other compensated activity.

Employee: _____

Immediate Family Member: _____

OWNERSHIP INTERESTS: List each company (including professional practice, for-profit farming or sole proprietorships) that does business with the institution and in which you and your immediate family members, in aggregate, own equity equal to 5% of the equity issued by the entity or at least $10,000 of ownership interests.

Employee: _____

Immediate Family Member: _____

CONFLICTING SERVICE COMMITMENTS: List each outside businesses or organizations seeking instructional or other services that the employee provides through the employing institution:

I certify the accuracy of the foregoing statement, and I acknowledge that it is my responsibility to disclose new reportable financial interests with the times allowed under Board Policy No. 4:35.

Employee's Signature (full legal name):

_____ DATE: _____