# MINGUS UNION HIGH SCHOOL DISTRICT
## Conflict of Interest Disclosure

Name: _____ Date: _____

Type of disclosure: ☐ Initial ☐ Annual ☐ Update

**Select one of the following:**

☐ I am a District employee (includes full-time, part-time, or contract basis).

☐ I am a District governing board member.

Job title (for District employees only): _____

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**Please initial below to confirm you have read and understand each of the following statements.**

_____ I understand my responsibility for disclosing my and my relative's conflicts of interest as required by A.R.S. §38-503 and Mingus Union High School District policy GBEAA.

_____ I understand the statutory consequences for noncompliance with conflict-of-interest requirements as specified in A.R.S. §38-510 as well as any additional consequences imposed in accordance with Mingus Union High School District policy GBEAA.

_____ I agree to comply with all conditions or restrictions the District imposes regarding my involvement in matters for which I or my relative have a conflict of interest.

_____ If I become aware of any changes to my or my relative's conflicts of interest, I agree to submit an updated disclosure form and make District management aware within fifteen (15) days of the change.

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**Select one of the following:**

☐ I or my relative has no substantial interest in any contract, sale, purchase, service, or decision of Mingus Union High School District.

☐ I or my relative has a substantial interest in a contract, sale, purchase, service, or decision of Mingus Union High School District. (If this box is checked, you must fully describe the conflict(s) in the personnel and/or vendor conflict spaces below.)

Personnel conflicts (Include relative name(s), position/job title, and nature of the relationship/substantial interest)

_____

_____

_____

_____

Vendor conflicts (Include business/organization name(s) and nature of the substantial interest, including whether it applies to you or your relative)

_____

_____

_____

_____

By signing below, I attest that I have completed this disclosure to the best of my knowledge and that my statements are true and complete; if a substantial interest has been disclosed, I will refrain from participating in any manner in any contract, sale, purchase, service, or decision for which I or my relative has a substantial interest.

Printed name _____ Date _____

Signature _____

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For management completion only. By signing below, I attest that I have reviewed this disclosure for completeness and have taken appropriate remediating action as indicated below (please select the type of remediation used and describe the specific action taken in the space provided below).

Administrator printed name _____ Date _____

Administrator signature _____

## Remediation

☐ Restrict—Restrictions will be placed on the employee's/board member's involvement in this matter, and involvement will be monitored.

☐ Recruit—A neutral third party will be used to oversee part or all the process that deals with the matter.

☐ Remove—The employee/board member will be removed from their involvement in the matter that created the conflict. Summary of district remediation action taken:

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