University of Central Florida

Conflict of Interest or Commitment Monitoring Plan
(Non-Sponsored Programs)

This section to be completed by Employee

Is this a new monitoring plan or an update to an existing plan?_____

Full Name:_____ **EmplID:**_____

College/Division:_____**Department/Unit:**_____

UCF Address: _____

UCF Phone:_____ **UCF Email:**_____

Current Position: ◯ 9 month ◯ 12 month

If 9 month faculty, will this activity occur during your work break? ☐ Yes ☐ No

If 12 month faculty, will you be taking annual leave for this activity? ☐ Yes ☐ No

Dates of Activity:

Current Reporting Period (or) From: _____ To: _____

Name of Entity:_____

Describe activity in detail:

Hours per: week_____ month_____ reporting period_____

How do you keep this activity from interacting or interfering with your assigned UCF responsibilities, and from becoming a conflict?

This section to be completed by Responsible Monitor

The nature of this activity represents a potential or actual conflict (mark one or both).

☐ Conflict of Interest

☐ Conflict of Commitment

Conditions of Approval

The below conditions set by the Responsible Monitor are the result of regulations, statutes, and policies to which you are subject to as a university employee. You and the Responsible Monitor named below must review and discuss all conditions of this monitoring plan.

Responsible Monitor

The chair of the department or unit supervisor assumes primary responsibility for monitoring the employee's activities and ensuring that the activity does not become a conflict of interest or conflict of commitment.

Responsible Monitor:_____ **Department/Unit:** _____

Title:_____ **College/Division:**_____

UCF Phone:_____ **UCF Email:**_____

University Compliance and Ethics will also assist with monitoring compliance with this plan.

Terms of Monitoring Plan

This monitoring plan is effective as soon as all parties agree and it will remain in effect for one year. At that time, the plan will be reviewed for possible modifications, re-approval, or termination. If, at any time, substantive changes need to be made to this plan, the Responsible Monitor may decide to replace this plan in its entirety, to add or delete supplemental conditions, or to terminate the plan entirely. Any changes will be reviewed and approved in the same manner used when establishing the current plan.

Changes to Disclosure

You must promptly report to the Responsible Monitor any changes in the information disclosed in connection with this plan, including changes in your relationship or commitment to the entity or significant changes in your university responsibilities. The Responsible Monitor must also be informed about any new or additional outside activities or financial interests required to be reported under University of Central Florida Regulation, 3.018, *Conflict of Interest or Commitment; Outside Activity or Employment*. This disclosure will allow the Responsible Monitor to evaluate whether any changes to this monitoring plan are applicable.

The employee understands and agrees that violation of any of the conditions of this monitoring plan or university rules and policies governing outside activities and conflict of interest and commitment is grounds for withdrawing approval of the monitoring plan and may result in discipline up to and including termination of employment.

By your submission of this information, and your signature below, you hereby acknowledge and agree to all terms of this plan.

Employee Signature: _____

Date: _____