UNIVERSITY OF ALASKA ETHICS DISCLOSURE FORM

AS 39.52.150(d): Disclosure of interest in University grant/contract/lease/loan

To: ____________________________________________, Designated Ethics Supervisor

I am reporting a personal or financial interest held by me or a family member in a transaction awarded, executed, or administered by the university.

The grant, contract, lease, loan was awarded on (date) ____________________________

by (university unit involved) _____________________________________________________.

Describe the grant, contract, lease, or loan (use additional sheets if necessary): ________________

______________________________________________________________________________

Identify the recipient(s) of the state grant, contract, lease, or loan: __________________________

______________________________________________________________________________

My financial or personal interest in the grant, contract, lease, or loan is: ______________________

______________________________________________________________________________

Official action I can take regarding the state grant, contract, lease or loan is:

☐ None

☐ __________________________________________________________________________

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

______________________________________________________________________________  __________________________________________________________________________

(Signature) (Date)

______________________________________________________________________________  __________________________________________________________________________

(Print name) (University unit by which employed)

______________________________________________________________________________  __________________________________________________________________________

(Position Title) (Location)

______________________________________________________________________________  __________________________________________________________________________

(Work Supervisor’s Signature) (Date of Work Supervisor signature)

ETHICS SUPERVISOR DETERMINATION: ☐ Approved ☐ Action required __________ (Date)

Designated Ethics Supervisor Signature*

*Designated Ethics Supervisor: provide a copy of the signed disclosure to the employee. If action is required under AS 39.52.210 or AS 39.52.220, attach a determination stating the reasons and send a copy of the determination and disclosure to the attorney general with quarterly report.

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