

**University of South Carolina
Staff Conflict of Interest
Management Plan**

Staff Member:

Entity/Individual:

Disclosure Date:

Employees of The University of South Carolina (“University”) are expected to conduct their employment obligations and responsibilities in accordance with University policies and applicable state and federal regulations in order to assure the integrity of the institution as an enterprise of higher learning. As such, you are expected to avoid situations that may involve inappropriate use of institutional assets, resources or information, or that may involve or have the appearance of self-dealing or biased decisions.

As you maintain a relationship involving [INSERT ENTITY NAME], (hereinafter referred to as “Entity”) or a relationship with [INSERT INDIVIDUAL'S NAME HERE], you must be particularly careful to avoid situations that may adversely influence your commitment to the University, objectivity or integrity.

This document serves as the conflict of interest/commitment management plan required under the relevant University policies, and applicable federal regulations for the purposes of managing, reducing or eliminating the potential conflicts of interest that may develop.

In order to assist the University in managing the potential conflicts associated with my relationship with the Entity/Individual, I agree to the selected action plan below:

Action Plan #1

To manage the activities that create the potential conflict, I will (please check all that apply):

- Reduce/discontinue my outside employment with the Entity
- Eliminate my financial interest in the Entity (e.g., sale of an equity interest).
- Discontinue the relationship that creates the potential conflict (e.g., discontinue position on a board, discontinue fundraising efforts if sponsors and donors are also sponsors or donors for the University)

Comments:

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Action Plan #2

To remove myself from all decisions, transactions, and negotiations involving the Entity with which I have a relationship. This recusal from associated activities includes the following:

1. Vendor Selections, Purchases, Negotiations and Payment (Invoice) Approval

I may not be involved in any way in the decisions involving the selection of vendors, purchase of items from Entity/Individual or payments to the Entity/Individual. All transactions and negotiations involving Entity/Individual will be handled by an impartial party, who is not under my supervision or control. This responsibility has been assigned to:

[INSERT NAME AND TITLE HERE].

2. Hiring Decisions

I may not be involved in making hiring decisions involving the Entity/Individual. All hiring decisions will be handled by an impartial party, who is not under my supervision or control. This responsibility has been assigned to:

[INSERT NAME AND TITLE HERE].

Comments:

Action Plan #3

If either of the action plans above will not adequately manage the conflict, please consult with your supervisor and with Human Resources or Audit & Advisory Services to develop a customized plan. The customized plan developed should be attached as an addendum to this document.

Comments:

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Does this entity use University facilities and services?

Yes, I understand that the use of University facilities and services with Entity must be conducted in accordance with all relevant University policies pertaining to the use of University facilities. If I wish to use University facilities for the benefit of Entity, I must make arrangements through my supervisor and my dean or vice president. Such use of University facilities by an outside entity requires a written facilities use agreement before the activity begins.

No

Annual Review Requirement:

I must meet annually with my supervisor or his/her designee, to review information related to my relationship with Entity/Individual, its influence on my University activities, and compliance with the terms of this management plan. My supervisor or designee is **[INSERT NAME AND TITLE HERE]**.

Signatures

My signature below indicates my agreement to comply with all elements of this Plan. I understand that this Plan will be effective upon UNIVERSITY acceptance, as indicated below.

STAFF MEMBER:

_____ [PRINTED NAME] Date: _____
Signature

STAFF MEMBER'S SUPERVISOR:

_____ [PRINTED NAME] Date: _____
Signature

OFFICE OF RESEARCH COMPLIANCE (Required for Sponsored Projects):

_____ [PRINTED NAME] Date: _____
Signature