

Conflict of Interest
One-time Compliance Certification
(To be completed by all staff of the Organization)

Submit an updated form (found online at the employee website) if there are any changes

Name

Title

I hereby confirm that I will read, understand and agreed to comply with the Employee Conflict of Interest Policy of The Society of the Four Arts in effect as of _____.

I certify that:

☐

I have read the Conflict of Interest Policy (found online at the employee website) and there are no relationships or interests that present a conflict of interest as defined in the Policy

☐

I wish to disclose the following (potential) conflicts of interest, provide complete details

Signature

Date

Note: Return to the Finance Department and conflicts of interest statements will be routed to the President for review