TUCSON UNIFIED	EXHIBIT TITLE: <u>Acknowledgement: Staff Ethics and</u> Conflict of Interest		Formatted: Normal, Don't adjust space between Latin and	
GOVERNING BOARD POLICY <u>EXHIBIT</u>	EXHIBIT CODE: GBEAA-E		Asian text, Don't adjust space between Asian text and numbers	
Conflict of Interest Disclosure Pursuant to A.R.S. §§ 38-501 to 511			Formatted: Centered	
(Instruct	tions)			
 Employees must file a Conflict of Interest Disclosure within five (5) calendar days after commencing work and at least annually thereafter, either identifying any conflict the employee or the employee's relative has or stating that the employee or the employee's relative has no conflict. All Conflict of Interest Disclosures shall be kept on file at				
3. It is the employee's responsibility to update a				
Resources Departments within fifteen (15) cale the date of the most recent Disclosure.	ndar days of any new conflict arising after			
the date of the most recent Disclosure.				
<u>STATEMENT O</u>	F CONFLICT	\sim	Formatted: Font: Bold	
L.	(print name and Employee ID number),		Formatted: Centered	
do hereby indicate:				
1. That I am presently an officer/employee of the	ne Tucson Unified School District.			
2. That I (or my relative[s]:				
[Name substantial interest in the contract, sale, pur investigation, or other matter by the TUSD				
	vice, decision, investigation, or other matter "substantial interest" under A.R.S. §§ 38- essary).			

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 Describe the "substant necessary). 	tial interest" referred to above. (Use as much space	<u>e as</u>	
<u>nooosary).</u>			
3. That I shall refrain from pa	articipating in any manner in my capacity as an ed School District in such contract, sale,		
	ion by the Governing Board unless specifically		
<u>ST</u>	ATEMENT OF DISQUALIFICATION		Formatted: Font: Bold
To be comple	ted if you have a conflict as identified above.		Formatted: Centered
To avoid any possible conflict participating in any manner in	t of interest under A.R.S. §§ 38-501 to 511, I will re the matter identified above.	ofrain from	
Date	Signature	_	
	STATEMENT OF NO CONFLICT ed only if you do not or your relative does not		
<u>To be complete</u>	have a conflict of interest.		
T. C.	(print name and Employee ID number	ob (r	Formatted: Font: Not Bold
hereby indicate that I do not h	have, and non of my relatives has, a substantial int		Formatted: Font: Not Bold
contract, sale, purchase, serv	vice, decision, investigation, or other matter of the		
Unified School District.			
Date	Signature	-	
GBEAA-E – Acknowledgement: Sta	aff Ethics and Conflict of Interest Exhibit – 01-17-13		

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