

STATE OF NEW JERSEY CONFLICT OF INTEREST FORM

Montclair State University Board of Trustees

Name: _____

Work address: _____

Telephone number: _____

E-mail address: _____

1. Are you currently engaged in any business, trade, profession, and/or part-time employment in addition to your State position? ____Yes ____No

2. Name of outside employer or business(es). Please indicate if you are an owner, partner, or corporate officer.

Address: _____

Type of business: _____

Describe your responsibilities:

3. Is your business or employment being performed for or with any other employee or official of Montclair State University? ____Yes ____No

4. Does your outside employment or business require/cause you to have contacts with N.J. State vendors, consultants, or casino license holders? ____Yes ____No

If yes, explain.

5. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade, or occupation? ____Yes ____No

Nature of employment: _____

Duration: ____Permanent ____Temporary

I certify that this questionnaire contains no willful misstatement of fact or omission of material fact and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

Signature of trustee

Date

Conflict of Interest form for UEC.doc