

ARIZONA STATE UNIVERSITY
Disclosure of Substantial Interest

NAME OF EMPLOYEE: _____

ASU EMPLOYEE
IDENTIFICATION NUMBER: _____

UNIVERSITY OR OTHER
LOCATION OF EMPLOYMENT: _____

DEPARTMENT OR UNIT: _____

1. Describe the interest that gives rise to this disclosure:

1.1 Individual's Name: _____

1.1.1 If the foregoing individual is not the ASU employee making this disclosure, describe the relationship of the individual to the ASU Employee:

1.2 Name of business entity, if any, with which the foregoing individual is associated: _____

1.2.1 Type of business entity:

___ proprietorship ___ partnership ___ limited partnership
___ limited liability corporation ___ corporation

1.2.2 State in which business entity was formed: _____

1.2.3 Tax ID# of the business entity (if known): _____

1.2.4 Office or position held by the individual named above: _____

1.2.5 Is the individual named above compensated? ___ Yes ___ No

1.2.6 Hours worked (or anticipated to be worked) on a weekly basis (if known): ___

Beginning _____ Ending _____

1.2.7 Nature of the individual's interest in the business entity:

- Holder or owner of stock or ownership interest: ___ Yes ___ No
- - Percent of ownership interest (if known): _____
- Serves as a member of board or directors or other governing board:
___ Yes ___ No
- Serves as an officer: ___ Yes ___ No
- Serves as an employee: ___ Yes ___ No
- Serves as a consultant, vendor, etc.: ___ Yes ___ No
- Other. Please explain. _____

2. Describe the Arizona Board of Regents or university contract, sale, purchase, service or decision in which the individual or business entity named above is involved.

(Please include any current university contract, sale, purchase, service or decision and any likely future university contract, sale, purchase, service or decision):

I understand that I must not participate in any ASU decision relating to this substantial interest and that “not participate” means that I must have no involvement in the decision making process and that I must not communicate with anyone about the decision. Further, I understand and acknowledge that agreements between ASU and the business entity identified above are subject to audit by ASU or the State of Arizona pursuant to A.R.S. § 35-214.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

REVIEWED BY DEAN OR DIRECTOR OF THE COLLEGE OR DEPARTMENT:

Signature: _____

Print Name: _____

Title: _____

Date: _____

If you have questions concerning this form or the disclosure requirements, please contact the Arizona State University Office of General Counsel.

SEND TWO COPIES OF THIS FORM TO:

Office of General Counsel
Mail Code: 7405

Revised 2/1/06