

University of Florida Disclosure of Outside Activities and Interests Form

This form is used to disclose outside activities and financial interests of UF employees who are not part of the UFOLIO system population. Visit the Conflicts of Interest Program website for more details and resources: <https://coi.ufl.edu>.

Employee Name and UFID:

Job Title and FTE:

Department and College/Unit:

Phone Number and Email:

Name of External Entity:

Entity EIN Tax Number or
Web URL (optional):

Estimated Start/End Dates:

Start Date:

End Date:

Please check one and estimate
your time commitment in hours:

☐ One-Time Event

Total Time Commitment:

☐ Ongoing/Continuing

Weekly Time Commitment:

The UF Policy on Conflicts of Commitment and Conflicts of Interest may be found [here](#). Definitions of terms used in the descriptions of each disclosure type may be found [here](#).

1. Please select one of the following to identify which type of disclosure you are submitting. If your relationship with the disclosed entity can fall under more than disclosure type, you may select more than one.

- ☐ **Management or Material Interest:** An employee must report a management position (e.g., officer, director, partner, proprietor) held or material interest (more than a 5% ownership interest) owned by themselves, anyone in the Reporting Household, and any Relative (as defined in Florida Statute 112.312) whose position or interest is known to the employee, in an Entity that enters into any agreements or contracts with University (e.g., service agreements, leases, sales agreements).
- ☐ **Publicly Traded Entity Payments/Ownership:** An employee must report receipt of payments from or an ownership interest of \$5,000 or more (including shares, partnership stake, or derivative interests such as stock options) in a publicly traded Entity by the employee or anyone in the Reporting Household where the payments or ownership interest reasonably appear to be related to the employee's Inside Activities or Institutional Expertise. This does not include an ownership interest managed by a third party, such as a mutual or retirement fund.
- ☐ **Privately Held Entity Ownership:** An employee must report any remuneration of \geq \$5,000 or ownership in a privately held Entity by the employee or a member of the Reporting Household, where the remuneration/ownership interest reasonably appears to be related to the employee's Inside Activities or Institutional Expertise.
- ☐ **Public Office/Candidate:** An employee must report if the employee is a candidate for public office or holds public office.
- ☐ **Outside Teaching Appointments:** An employee must report if the employee has or is seeking approval to hold an additional (to their UF appointment) teaching appointment with an outside Entity, in the area of their Institutional Expertise that represents a Private Interest.
- ☐ **Outside Research:** An employee must report if the employee oversees or conducts or is seeking approval to conduct any research in the general area of their Institutional Expertise at, or receive any research resources or funding from or through, any Entity other than the University. Research by Investigators conducted at Entities as part of a University sponsored project or research funding received by the University is subsumed under Inside Activity and hence does not need to be disclosed.

- ☐ **Classroom Works:** An employee must report if the employee requires or seeks approval to require students to purchase works to be used in the employee's classroom when such works were created, authored or co-authored (e.g., textbook(s), computer software, electronic or digital media) by the employee or employee's spouse and for which the employee or their spouse will receive, or anticipate receiving payment, loan, subscription, advance, deposit of money or service or anything of monetary value.
- ☐ **Royalties/Copyright/Licensing Income:** An employee must report if the employee receives royalties, licensing fees, and/or copyright income in the area of their Institutional Expertise of \$5,000 or more, annually from an Entity other than the University.
- ☐ **Expert Witness/Legal Consulting:** An employee must report if the employee serves or seeks approval to serve as an expert witness and/or engage in legal consulting, including drafting an amicus brief, in the area of their Institutional Expertise or Inside Activities in a legal matter like a lawsuit or a potential lawsuit. (In field # 2 below, please list the names of the plaintiff, defendant, and attorneys, the location where the alleged issue occurred or relates to, and whether you think this activity/case could in any way place you in a position that is adverse to the interests of the University of Florida. **Until further notice, expert witness/legal consulting outside activities where the State of Florida is a party to the proceedings will be reviewed for conflicts of commitments only.** If the case is medical in nature or related to healthcare, this form must be routed to the UF Self-Insurance Program at sipoar@mail.ufl.edu for approval.)
- ☐ **Professional Services Related to Institutional Expertise:** An employee must report if an employee provides or seeks approval to provide professional services to an outside Entity in the area of the employee's Inside Activities or Institutional Expertise that represent a Private Interest.
- ☐ **Leadership Roles:** An employee must report if the employee has a senior management, administrative, or leadership role, that represents a Private Interest, with an outside Entity related to the employee's Inside Activities or Institutional Expertise where the employee makes executive business and/or financial decisions on behalf of the outside Entity.
- ☐ **Innovation Inducement Cash Value Prize:** An employee must report if they choose to participate, as an Outside Activity, in a competition, with a prize amount greater than \$5,000, in the area of their Institutional Expertise. (Please provide a website or announcement that provides the prize details including topic and terms of prize participation, submission deadlines, and prize amount.)

2. Please fully describe the details of this relationship, interest, or activity, including your role(s) with the entity, a complete description of what you will be doing in simple terms, and how it relates to your institutional expertise.

3. Will you be traveling internationally for this activity OR is the entity headquartered internationally? **If yes, COI Program review is required.**

4. Please list the city/state/country where this work is to be performed. If disclosing a relationship or interest where no work is performed, please identify the headquarters location of the entity. _____

5. If the expected annual compensation is \$5,000 or more, what is the amount of expected annual compensation? (You may provide additional clarification using #12 below.)

6. Will UF equipment, facilities, services, resources be used (on a more than incidental basis), **or will employees and/or students be involved** in this activity or financial interest? **If yes, please explain.**

7. Does this entity license your UF technology? **If yes, COI Program approval is required.**

8. Does this entity sponsor your UF research? **If yes, COI Program approval is required.**

9. To the best of your knowledge, does this entity do any business whatsoever with UF? (e.g. purchasing agreements, research sponsorship, agreements for service, clinical trials, etc.).

10. Do you provide input, make recommendations, influence decisions, or have any involvement whatsoever in any business between the entity and UF? Please explain in detail. **If yes, COI Program approval is required.** _____

11. Are you participating in UF research that would affect the disclosed entity? (e.g. the entity sponsors the research, makes a drug or device being evaluated in the study, options or licenses related technology or is otherwise related to the study?) **If yes, COI Program approval is required. Please list the project or award numbers of the relevant research, and describe how it could affect the disclosed entity.**

12. Additional relevant information, if any, that would help clarify this disclosure (optional):

13. **Please attach an agreement** with the entity to authenticate your responses to the questions in this section. If you do not have a formal agreement, please attach any email, correspondence, or document that serves the same purpose.

14. I understand that outside activities must be performed in my capacity as a private citizen and must be performed in my personal time outside of my UF work hours, or approved leave must be taken.

My signature below certifies an understanding of and compliance with UF's policies on conflicts of interest, outside activities, and financial interests, as well as the completeness and accuracy of the information provided herein.

15. Employee's Signature (after digital signature, responses are not editable)

Date

16. Reviewer Name	Approved/Disapproved	Reviewer's Signature	Date
1. Immediate Supervisor* (print name)			
2. Higher-Level Supervisor/ Authority (print name) <i>As designated by college/unit</i>			
3. Self-Insurance Program <i>Only required for medical legal consulting/expert witness services</i> Send to: sipoar@mail.ufl.edu			
4. COI Program <i>Only required if #3, #7, #8, #10, or #11 is "Yes" or the disclosure is disapproved</i> Send to: UF-COI@ufl.edu			

* Please review the [PDF Form Reviewer Guide](#) for further information and guidance regarding performing supervisory reviews of outside activity and financial interest disclosure forms.

17. **All fields are required unless otherwise noted.** This completed and signed form is to be submitted to the employee's immediate supervisor and higher level of authority for review (as designated by college/unit). If a reviewer has concerns and needs assistance, they may contact the Conflicts of Interest Program: UF-COI@ufl.edu.

If a disclosure is disapproved by a reviewer, it must be sent for COI Program review. Please provide a final copy of the completed, reviewed form containing all required signatures to your departmental HR representative so they can upload the form via [UFHR's Disclosure Portal](#).

Disclosures are approved for one year from the date of final approval. If the form is not required to be sent to the Self-Insurance Program or the COI Program, the Higher-Level Supervisor/Authority designated by your college/unit is the final approver.

If there are material changes to your disclosed activity/interest after approval, you must update and resubmit the disclosure for review. **If the disclosed relationship, activity, or interest will continue more than one year after final approval, you must submit a disclosure form for each year it is still active.**