



# Conflict of Interest Form

The Shelby County Board of Education Conflict of Interest Policy No. 4003 states that key employees and senior management staff must annually complete and sign a Conflict of Interest Disclosure Statement. The statement is an attestation that the employee was in compliance with Board Policy 4003 and confirms that the employee was free of any conflict of interest during the preceding year and will remain free of conflict of interest the next year. The statement should be submitted to Internal Audit via email at [scscoidisclosures@scsk12.org](mailto:scscoidisclosures@scsk12.org) or Division of Internal Audit, Suite 312, 160 S. Hollywood, Memphis, TN 38112.

\* Required

1. Full name:

2. Employee ID#

3. Job title:

4. Department:

5. Supervisor:

6. Employment Date:

7. Please provide the following information for any situation that may fall under the purview of Board Policy 4003. If applicable, please enter NA or NONE.

- 1) Name of family member involved
- 2) Relationship of the family member involved to SCS employee
- 3) Name of the vendor and/or organization
- 4) Description of family member relationship with the vendor and/or organization
- 5) Date vendor and/or organization started work with SCS
- 6) Description of work performed for SCS by the vendor and/or organization
- 7) Description of the SCS employee relationship with vendor/organization

8. "I do confirm that I have read SCS Board Policy 4003 and the information provided herein is accurate and correct to the best of my ability."



Format: mm/dd/yyyy

9. Full Name: \*

10. Signature: \*

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