

## Conflict of Commitment Disclosure Form for Staff as Required by University Policy 1.24

Name:			Title:	
Last	First	M.I.		
SMU ID:		Department/S	chool/Unit:	
•		pectations in which you wis h separate pages, if necessa	h to engage during Regularly Scheduled Work Ho y.	ours, please
Name of Activity	or Outside Entit	y:		
Location and addr	ess (including c	ountry) of Activity:		
Start Date:			End Date:	
A new Conflict of Com	mitment Disclosure	Form must be submitted on an	annual basis and whenever a new Activity arises.	
Nature of the activ	ity or relationsl	nip with outside entity:		
<ul><li>☐ Research</li><li>☐ Teaching</li><li>☐ Consultin</li><li>☐ Editor</li></ul>			<ul><li>☐ Executive or Managerial Board</li><li>☐ Salaried Employee</li><li>☐ Other</li></ul>	Member
Please describe the and supporting do			iversity duties and responsibilities. Attach se	parate page
Has this Activity b	een disclosed w	vithin the past year?	Yes No	
Are you receiving	compensation?		Yes No	
If you are receivin	g compensation	, please select the approp	riate range:	
□ \$0-\$4,999	□ \$5,000-\$9,99	9 🗆 \$10,000-\$24,999	□ \$25,000-\$49,999 □ >\$50,000	
Signatures				
Employee:			Date:	
Direct Supervisor:	·		Date:	
Dean/Vice Preside Senior Vice Presid			Date:	

After obtaining approval from your direct supervisor, Dean and Vice President/Senior Vice President, this form and any supporting documents should be sent to smuhr@smu.edu.