**Disclosure of Concurrent Employment and Appointment Form**

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| **INSTRUCTIONS** |
| Prior to completing this form, please review the [Code of Conduct](https://www.ucalgary.ca/legal-services/university-policies-procedures/code-conduct). Only paid concurrent employment or appointments must be reported. If your situation falls under one of the exemptions outlined in [sections 4.15 to 4.19](https://www.ucalgary.ca/legal-services/sites/default/files/teams/1/Policies-Code-of-Conduct.pdf#s.4.15) of the Code of Conduct, you do not need to report your concurrent employment or appointment unless the concurrent employment or appointment creates an actual or perceived conflict of interest.If you are an Employee (including a postdoctoral scholar), Appointee (adjunct faculty, clinical appointment, visiting researcher or scholar) Academic Staff Member (including sessionals), or Student Employee please complete PART A and submit this form to the appropriate SLT Member prior to commencing the concurrent employment or appointment. SLT Members are Vice-Presidents, General Counsel, Associate Vice-Presidents, Deputy Provost, Deans, Vice-Provosts, Vice-Deans, University Secretary, Executive Director (Hunter Hub), Director (Continuing Education), Director (School of Public Policy), and the Registrar.If you are a Senator, please complete PART A and submit this form to the Chancellor. If you are an Alumni Board Member, please complete PART A and submit this form to the Chair of the Alumni Board.PART B is to be completed by the SLT Member, Chancellor or Alumni Board Chair. *The information you disclose on this form will be used to assess and review your concurrent employment or appointment and manage any of your actual, potential or perceived Conflicts of Interest. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, please contact* *foip@ucalgary.ca**.*  |

**PERSON COMPLETING THIS FORM**

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| Name | Name |
| UCID | UCID |
| Faculty/Unit | Choose an item. |
| Position/Job Title | Position/Job Title |
| Staff Group | Choose an item. |
| Phone Number | Phone Number |
| Email | Email |
| SLT Member(Chancellor or Alumni Board Chair) | SLT Member (Chancellor or Alumni Board Chair) |

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| **PART A – Concurrent Employment or Appointment (with 3rd party)** |
| Employer | Employer |
| Start Date | Expected Start Date |
| Duration of the Employment/Appointment | Expected Duration of the Employment/Appointment |
| Nature of work  | Nature of Work |
| Hours of Work (per week) | Expected Hours of Work (per week) |
| Type of the Remuneration Source | Choose an item. |

**ACKNOWLEDGEMENT**

*I have read the Code of Conduct, and I understand the requirement for reporting my concurrent employment or appointment. The information I have disclosed in this form is accurate to the best of my knowledge. If, at any time following the signing of this Disclosure of Concurrent Employment and Appointment Form, there is any material change to the information I have disclosed in this form regarding my concurrent employment or appointment, I will immediately file another Disclosure of Concurrent Employment and Appointment Form.*

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| Signature |  |
| Date | Date |

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| **INSTRUCTIONS** |
| Prior to completing this section, please discuss the impact of the Concurrent Employment or Appointment with the Academic Staff Member, Employee, Appointee, Student Employee, Senator or Alumni Board Member. If the reported Concurrent Employment or Appointment gives rise to an actual, potential, or perceived Conflicts of Interest, please follow the procedure for [Conflict of Interest](https://www.ucalgary.ca/legal-services/university-policies-procedures/conflict-interest-procedure) and complete the [Conflict of Interest Disclosure Form](https://www.ucalgary.ca/legal-services/home/operating-standards-guidelines-forms). |

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| **PART B – Review and Approval** |
| The Concurrent Employment/Appointment described above: | [ ]  Does not give rise to an actual or perceived Conflict of Interest and is approved.[ ]  Gives rise to an actual, potential or perceived Conflict of Interest. |
| Rationale for the decision.Rationale for the decision. |
| **If there is an actual, potential or perceived Conflict of Interest, please complete the Conflict of Interest Disclosure Form.** |
| Date discussed with Employee, Appointee, Academic Staff Member, Student Employee, Senator or Alumni Board Member | Review Date |

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| SLT Member (Chancellor or Chair) | SLT Member (Chancellor or Chair) |
| Signature |  |
| Date | Date |