



Human Resources
 3000 College Drive S.
 Lethbridge Alberta T1K 1L6
 Tel. 403.320.3361
 Fax 1.888.546.4509
 HR@lethbridgecollege.ca

CODE OF CONDUCT SELF-DISCLOSURE FORM

Your personal information is being collected under the authority of subsection 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of declaring your Conflict of Interest(s). It may be used and disclosed to other College departments and employees for this purpose, or for a use consistent with this purpose. If you have a question about the collection, use, disclosure or protection of your personal information, please contact Lethbridge College's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

Code of Conduct Self-Disclosure Form

EMPLOYEE INSTRUCTIONS

1. This form is to be used when an apparent or perceived conflict of interest may exist or appear to exist outside of the annual disclosure period as per the [Code of Conduct Policy and Procedures](#).
 - a. Complete the sections that apply to your situation. This could involve one or all of Sections A, B or C.
 - i. Section A, Concurrent Employment or Appointments, must be assessed by Human Resources. Human Resources reserves the right to contact your supervisor if required to determine a conflict of interest. You will be contacted directly by Human Resources if the activity is not permitted.
 - ii. Section B, Conflict of Interest, and Section C, Gifts and Other Payments, will be assessed by your supervisor. If your supervisor is unable to make the assessment themselves, Human Resources will be contacted to conduct the assessment. You will be contacted directly by your Supervisor if the activity is not permitted.
2. Sign employee acknowledgement

PERSONAL INFORMATION

Employee Name: _____ **ID#:** _____ **Date:** _____
Supervisor Name: _____ **Centre/Department:** _____

SECTION A: CONCURRENT EMPLOYMENT or APPOINTMENTS

What is the nature of the **concurrent employment** you are disclosing and in what way could there be a potential conflict? Please list the employer's name, nature of the employment, and the dates for which this disclosed activity is occurring

What is the nature of the **concurrent appointment** you are disclosing and in what way could there be a potential conflict? Please list the appointing body's name and the dates for which this disclosed appointment is occurring

Human Resources Assessment

 Human Resource Representative Signature

 Date



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SECTION B: CONFLICT OF INTEREST

With the exception of your college pay cheque, will you, your corporation, a member of your immediate family, or persons with whom you have a personal or business relationship now receive or anticipate receiving a benefit from the college over which you exercise influence? If yes, Please describe below:

Supervisor Assessment

Supervisor Signature

Date

SECTION C: GIFTS AND OTHER PAYMENTS

Will you receive **any compensation** from a third party for your participation in an upcoming public function and/or work related to college business? (e.g.: flights, gift for presenting, etc.) If yes, list the date, name of the public function, and the total value that you will be receiving?

Have you received **any other compensation** this fiscal year from a third party for participation in a public function and/or work related to college business? If yes, please describe below including the total value:

Supervisor Assessment

Supervisor Signature

Date



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EMPLOYEE ACKNOWLEDGEMENT

I _____

1. have read the [Lethbridge College Code of Conduct Policy](#)
2. declare that the information contained in this Self-Disclosure Form is true and correct to the best of my knowledge, information, and belief.
3. understand that disclosure normally occurs before the activity which could give rise to an apparent or actual Conflict of Interest
4. will not engage in the activity until such time as the conflict considerations are assessed and resolved.
5. have indicated that I am presently involved in activities which could give rise to an apparent or actual Conflict of Interest, I understand that I may continue the activity until such time as the conflict considerations are assessed and resolved, unless I am directed by my supervisor to cease the activity immediately. I understand that the direction to cease the activity will stand until such time as the conflict considerations are assessed and resolved.
6. will promptly submit a revised Self-Disclosure Form if at any time circumstances warrant a different response to any of the questions that follow.
7. understand that the personal information requested on this form is protected under the Alberta Freedom of Information and Protection of Privacy Act for the purposes of determining possible Conflicts of Interest. I hereby consent to the use of the information provided by the college for this purpose.
8. understand that I will be consulted if certain public disclosure of information is deemed appropriate in managing an assessed conflict. I understand that consent for any such public disclosure will be addressed at that time.
9. understand that Human Resources retains the right to contact my supervisor if required to determine a conflict of interest.
10. have read all of the above statements and understand that violations of the Conde of Conduct Policy will be treated as a serious matters and that breach of either policy will subject me to disciplinary action up to and including termination of my employment or association with the college, and/or legal sanctions.

Employee Signature

Date