CONFLICT OF INTEREST DECLARATION

Winnipeg

Part 1 – Employee Information		
Last Name	Given Name(s)	
Department	Division/Branch	Employee Number

Part 2 – Declaration
Please select one of the options below. Employee signature is required

Option 1 – No Conflict to Declare
I have read and understand the City of Winnipeg Conflict of Interest Policy (http://citynet/hrintra/admin/Civic/Code%20of%20Conduct%20-%20Long%20Version.pdf).

I advise that I have no involvement in any business or activity that is or could be reasonably perceived or reasonably foreseeable to be a conflict under the Conflict of Interest Policy. I understand my on-going obligation to review and submit a revised declaration should that change at any point in the future.

_____ _____
Employee Signature Date

_____ _____
Management Signature Date

_____ _____
Name Title

Option 2 – Declaration of Conflict
I have read and understand the City of Winnipeg Conflict of Interest Policy (http://citynet/hrintra/admin/Civic/Code%20of%20Conduct%20-%20Long%20Version.pdf). **I declare the following is or could be reasonably perceived to be a conflict of interest:**

Employee plan to address conflict of interest:

I understand my on-going obligation to review and declare any circumstances which are or could be reasonably perceived or foreseeable to be a conflict of interest in the future.

_____ _____
Employee Signature Date

Part 3 – Assessment:

This information is available in alternate formats upon request

Assessment and resolution to be completed minimally by a Department Director. If a declaration has been made by a Department Director the Chief Executive Officer responsible shall assess. In the case of a Chief Executive Officer the Chief Administration Officer shall assess or The Clerk of the Executive Policy Committee, in the case of a Statutory Officer, Mayor or Council Member.

☐ I have reviewed the above declaration and find no conflict of interest exists

OR

☐ A conflict of interest exists or could be reasonably perceived to exist. The following action must be taken within ten (10) working days from the date shown below or in accordance with the resolution indicated below.
Please NOTE: This decision is subject to appeal.

ASSESSMENT / RESOLUTION:

_____ _____ _____
Director/ Executive Name Position Title Date

Part 4 – Confirmation of Resolution

Detail appropriate action that has taken place.

_____ _____
Employee Signature Date

_____ _____
Senior Management Signature Date

THIS RECORD WILL BE KEPT SEALED AND CONFIDENTIAL ON THE EMPLOYEE FILE UNLESS IT IS REQUIRED AS PART OF A CONFLICT OF INTEREST DISCLOSURE COMPLAINT.

THIS WILL FORM A PERMANENT PART OF THE EMPLOYEE RECORD.