Conflict of Interest Annual Disclosure 2020

Employee Location/Division/District

Job Title

Check the box(es) that apply to your current situation.

**Relationship Conflict** - DOL employees must not participate in decisions that directly benefit persons with whom they have a personal or family relationship. This includes but is not limited to, decisions about employment, pay, contracts, permitting, licensing, and regulating.

Please list your personal and family relationships within DOL, and/or those we regulate and describe the conflict:

**Business & One-Time Conflicts** - Personal business conducted with those we regulate must be in writing and must reflect the real value of the material, labor and equipment cost, the same as it would for a non-public employee.

Please describe the conflict:

**Previously Reported Conflict**

**No Known Conflicts**

Before signing the form, please acknowledge the following:

I understand Montana law (2-2-131, MCA) requires that an employee (not the Department of Livestock) disclose in writing to the Commissioner of Political Practices any private interest that may create any conflict with the employee’s public duties.

I have disclosed to agency management all relationship and business conflicts which might constitute violation of the State Ethics Policy, or give the perception of unethical behavior.

I understand that I must submit a new Conflict of Interest form if a conflict of interest arises during the course of this year which I did not anticipate.

Employee Signature Date

Supervisor Signature (required if there is a conflict) Date

Administrator Signature (required if there is a conflict) Date