



Conflict of Interest Annual Disclosure

Employee: _____ Location/Division/District: _____

Job Title: _____ Date of Disclosure: _____

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