

UADA Policy 215.2
Service as a Member on Boards, Commissions, Associations, or Advocacy Groups

Employee's Name _____ Department/Unit _____

Dates: Beginning _____ Ending _____

1. Name of the Board, Commission, Advocacy Group, etc?

2. Will your service as a member of this organization occur during work hours?

Yes No

3. Explain the mission and activities of this organization.

With my signature below, I acknowledge the University of Arkansas System Board policies, along with Division of Agriculture's policies require Division employees have an obligation to avoid ethical, legal, financial and other conflicts of interests with their obligations to the University and the Division and their welfare. I have read such policies and certify that I have and will disclose any relationships or activities which might give rise to conflicts, or the appearance thereof, with my duties, responsibilities, or obligations to the Division of Agriculture. I accept full responsibility should any such conflict arises.

I certify that this request in no way conflicts with my duties and responsibilities as an employee of the University of Arkansas Division of Agriculture and with the administrative units of the Division. Furthermore, I certify that this request will not compromise the positions or policies of the Division. I accept full responsibility should any such conflict arise.

I also certify that I will not make use of University or Division facilities, equipment or property in connection with my service as a member on any board, commission, association or advocacy group.

Date

Signature of Employee

APPROVAL REQUIRED:

Service as a Member: Approved Denied

Department Head/Center Director/Section Leader/District Director

Date