

PROVINCE OF PRINCE EDWARD ISLAND CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Employee Name:	
Employee Number	
Position Title Number (where applicable):	
Department or Agency of Employment:	
Last Statement Date:	

I DO HEREBY SET OUT by way of complete and absolute disclosure to my Deputy Head all information pertaining to my involvement with or ownership of real and personal property of any nature or kind, and all involvement with business, financial, outside employment and community interests whatsoever of myself, my spouse and my dependent children **which may conflict with Government's Conflict of Interest Policy.**

FINANCIAL GAIN

1. **REAL PROPERTY** *except* primary residence and primary recreational property

Type & Location	Approximate Size	Owner	Relationship of Owner to Employee

2. PERSONAL PROPERTY:

- i) Shares listed on a Stock Exchange with a market value of \$5,000 or more and any other share holdings.
- ii) Other Financial Interests in companies, firms or bodies which have done, are doing or are negotiating to do business with the Government or any Government agency.

Note: An “interest” includes but is not limited to:

- a) a partnership interest;
- b) paid employment other than with the civil service;
- c) a loan by an employee to such a company, firm or body or other indebtedness no matter how secured of such a company, firm or body to the employee.

Company Name	Common or Preferred	Current Approximate market value	Name of Owner	Relationship of Owner to Employee

3. OUTSIDE EMPLOYMENT - (includes any paid employment, including self-employment which has not been disclosed above).

Name of Employer	Position Title	Nature of Duties

4. COMMUNITY ACTIVITIES - report any activity in which you, your spouse or dependent child participate where there is a possibility of a conflict between your participation in the activity and your job as a public servant. (Examples: public works employee sitting on a municipality's public works committee; agriculture employee acting on executive of agricultural association seeking funding or legislative change from Government).

Name of Organization

Nature of Duties

Name of Organization	Nature of Duties

I declare that the information set out in this document is complete and true.
Include statement re consequences of submitting an untruthful declaration.

Date:	Employee Signature:
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I have reviewed the Conflict of Interest Disclosure statement and have determined that there **does not** (), **does** () appear to be a conflict of interest.

If a conflict does exist, the following actions are to be undertaken to resolve the conflict.

Date:	Deputy Minister/Chief Executive Officer Signature:
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