

**Santa Rosa District Schools
Conflict of Interest
Determination Request Form**

Please submit this form to the Human Resource office after it is signed by your site supervisor.*

1. Employee Name _____ Date of Request _____
Work Site _____ Job Title _____

2. Description of Activity to Be Reviewed (be as detailed as possible; part-time job, one-time delivery of services; attach information as necessary _____

3. Type of Compensation _____

4. Estimated Number of Hours to Be Devoted Outside of Normal Work Hours _____
Time and Day These Hours Will Be Obligated to Outside Work _____

Employee Questions or Concerns _____

5. *Site Supervisor's Signature _____ Date _____

To Be Completed By Human Resources Within 15 Days of Receipt

Date of Receipt in Human Resources _____ Initials _____

6. This Activity Has Been Determined to Be**:

_____ **In Conflict** With Board Policy _____ **Not** In Conflict With Board Policy

**This determination may be appealed to the Superintendent.

Comments _____

Signature of H. R. Administrator _____ Date _____