

Declaration of Potential Conflicts of Interest (COI) in the Personnel Review Process (For use by reviewers above the department level*)

**If a reviewer declares themselves to hold a conflict, the form does not have to be prepared, and a surrogate must be assigned in their place.*

Some conflict of interests will prevent any involvement in a faculty member's review (e.g., family relationship) while others may be managed with transparency or a reduced role (e.g., participation in a department evaluation, but not writing the chair's letter).

Generally, chairs, associate deans and deans who write confidential personnel review letters have the highest bar for overcoming a conflict of interest.

Please fill out this form if you are a reviewer above the department level (chair, associate dean, dean level committee, dean, or campus level ad hoc, etc.) and the following applies: in a position to write a personnel review letter regarding a candidate with whom you have a potential conflict of interest.

Submit this to your assigned Academic Personnel analyst **before you take any review-related action**, such as assigning review committee members for the candidate's case or soliciting external letters of evaluation. The Council on Academic Personnel (CAP) and the Office of Academic Personnel will review your declaration as quickly as possible and let you know whether and when you can proceed in the requested role. This document will be available to higher levels of review.

Type of COIs might include:

- Mentor-mentee or familial relationship (for life)
- Co-authorships (last 48 months and pending)
- Grant Collaborations (last 48 months and pending)
- Other relationships that a reasonable person might consider a conflict of interest

Faculty Under Review

Name: _____

School: _____ Department: _____

Proposed Action (promotion, merit, etc): _____ Effective Date of Review: _____

Potentially Conflicted Person

Name: _____ Type of Potential Conflict: _____

Role (chair, associate dean, dean level committee, dean, campus level ad hoc, etc): _____

Description of Potential Conflict: _____

If you believe the conflict is not significant enough to prevent your participation in the faculty member's review, please explain:

Signature of Potentially Conflicted Person _____
Date

Acknowledgment/Decision regarding Conflict of Interest	Print Name	Signature	Date
Dean			
CAP Chair			
Vice Provost	Diane K. O'Dowd		

CAP Additional Comments: _____