WVU OUTSIDE CONSULTING
ARRANGEMENT ANNUAL DISCLOSURE FORM

Pursuant to the West Virginia State Ethics Act and West Virginia University Board of Governors Governance Rule 1.4, all University faculty and non-classified staff must complete an annual disclosure form detailing their outside Consulting Arrangements undertaken during the past fiscal year. This form must be completed by August 31, and returned to your dean or vice president or their designee.

You are only required to fill out this form if, during the past fiscal year (July 1 to June 30), you have engaged in an outside Consulting Arrangement as that is defined in West Virginia University Board of Governors Rule 1.4.

If you have a less than twelve-month appointment, please list all outside Consulting Arrangements even if the work was done during the months you were off appointment (i.e., during the summer months).

Additionally, if you have a less than twelve-month appointment, please indicate in the “Total Time Spent on Arrangement During Last Fiscal Year” the amount of time spent during your appointment term on each individual Consulting Arrangement. However, if you spend time on an outside Consulting Arrangement outside of your appointment term (i.e., during the summer months) simply indicate that the participation was “off appointment” in the “Total Time Spent on Arrangement During Last Fiscal Year.” Please list separately outside Consulting Arrangements that you engaged in both during your appointment period and while “off appointment” even if the arrangement was with the same company providing the same services. You do not need to disclose the amount of time spent while engaging in a Consulting Arrangement “off appointment,” but please note you are still subject to the West Virginia State Ethics Act while “off appointment.”

Name: _____________________________________________________________________________________________________
Title: _____________________________________________________________________________________________________
Department: ________________________________________________________________________________________________

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<tr>
<th>Name of Entity</th>
<th>Description of Activity Undertaken</th>
<th>Total Time Spent On Arrangement During Last Fiscal Year</th>
<th>Obtained Prior Approval from Dean or VP? (No or Yes)</th>
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In accordance with the Board of Governors Governance Rule 1.4, do you perceive any risk of a Conflict of Interest or Conflict of Commitment, or the appearance of a Conflict of Interest or Conflict of Commitment, with performing your University job duties?

☐ YES  ☐ NO

If “yes,” describe the nature of the relationship, including a description of the real or potential for a Conflict of Interest or Conflict of Commitment.

I hereby certify that:

// The above information is full, true, and correct to the best of my knowledge and belief and I undertake to inform my dean, vice president, or designee of any changes immediately.

// I have complied fully with the West Virginia State Ethics Act in undertaking my outside Consulting Arrangements.

// I understand that any approval to participate in the described activity does not supersede the requirements of the West Virginia Ethics Act or the regulations and opinions of the Ethics Commission.

// I have not used any, or only an incidental, de minimis amount of, University resources in the course of my Consulting Arrangements, or I have arranged to compensate the University for the use of these resources.

// If I am a leave-eligible employee, I have taken annual leave when engaging in a Consulting Arrangement during my regular work hours. If I am not a leave-eligible employee, my total time spent on outside Consulting Arrangements does not equate to more than one working day per week, on average.

// I understand that I have engaged in the above listed activity or activities outside of my duties at West Virginia University. As such, West Virginia University is not a party to any of the agreements related to my consulting and has no obligations or potential liability under these agreements. I understand and acknowledge that the University's rights may not be impaired in any way by the agreement and the University does not provide indemnity or insurance for these activities.

Signature of Employee: __________________________________________ Date: ___________________