

NEW FACULTY CONFLICT OF COMMITMENT TRAINING ATTESTATION

By my signature below I hereby attest to the following:

1. I have completed the Mandatory Conflict of Commitment Training as party of my faculty appointment at the University of California, Davis.
2. I understand and will comply with all reporting requirements as required by APM 025 and/or APM 671 as applicable.
3. I will remit all outside professional activity income in excess of the earning threshold limits as required by APM 671 and Department Compensation Plan Guidelines.
4. I understand that the University will neither defend nor indemnify me for losses incurred in connection with any outside professional activities, even if the third party pays (or I pay) some or all of the resulting compensation for such activities to the University.
5. I will not use University resources in connection with the outside professional activities.
6. I understand that timely submission of annual reporting with thorough and accurate disclosures is an explicit condition of my appointment in the Health Sciences Compensation Plan.
7. I understand failure abide by University policy regarding outside professional activities may impact my “good standing” status and result in a reduction in salary, forfeiture or reduction of incentive-based compensation, and/or formal discipline and corrective action.
8. I understand that outside professional activity reporting is subject to disclosure by the University under the Public Records Act.

Faculty Name: _____ Date: _____

Faculty Signature: _____ Department: _____