



Disclosure of Conflict of Interest

Name: _____

Date: _____

Complete this form in compliance with *Policy No: ER-05: Conflict of Interest*.

A 'Conflict of Interest' occurs when someone has a private or personal interest in a situation, which is likely to bias their decision-making, benefit the employee personally or financially, or could influence their objectivity in performing any duties during their employment with Quest Support Services.

Please list any real, perceived, or potential conflicts of interest below:

Name of person	Nature of personal relationship (parent, sibling, spouse,

Employee Signature: _____

Mitigation Required
- If checked please see attached documentation

Mitigation not required

Approved by: _____

The *Director - Human Resources* will follow the procedure outlined in policy when a conflict of interest poses a real, perceived or potential Conflict of Interest. Approved measures to mitigate or eliminate the conflict of interest will be documented either formally or informally and communicated to the employee.