



REPORT AND CERTIFICATION OF PROPOSED TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST

INSTRUCTIONS

Each person offering to provide goods or services to the District must complete this report when that person is:

- a current AESD employee
• a former AESD employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
• a current AESD employee, who owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the District
• a near relative of a current AESD employee (spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, and step relatives in the same relationship)
• a near relative of a current AESD employee, when that near relative owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the District

Completion of this report does not constitute authorization to begin work.

Table with 4 columns: Full Legal Name, Name of Business, AESD site or department where employed, Department where employed, Separation Date if applicable, Description of AESD employment job duties, and a question about management responsibilities with YES/NO options.

Please indicate which of the following is applicable:

I am a:

- current AESD employee
• former AESD employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
• current AESD employee, who owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the District
• near relative of a current AESD employee (spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, and step relatives in the same relationship)

Form fields for Name of relative, Relationship to current AESD employee, and Relative's AESD Site and Department.

- near relative of a current AESD employee, when that near relative owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the District.

Form fields for Name of relative, Relationship to current AESD employee, and Relative's AESD Site and Department.

**Current and former employees ONLY:** Do you/Did you have any past, current, or future responsibility for, involvement in, or direct or indirect influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the proposed transaction?  YES  NO

**Current and former employees ONLY:** Has any/Did any of your AESD time, AESD material, AESD equipment, or was AESD facilities used or will be used in connection with the proposed transaction?  YES  NO

**Relatives of AESD employees ONLY:** Does your near relative have any past, current, or future responsibility for, involvement in, or direct or indirect influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the proposed transaction?  YES  NO

**For former employees ONLY:** did you hold a policy-making position in the same general subject area as the proposed transaction, during the last twelve (12) months of AESD employment?  YES  NO

If you answered YES to either of the above questions, please explain (use and attach additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the goods or services proposed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are these goods and/or services available commercially?  YES  NO

If you answered NO to the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true: \_\_\_\_\_  
Signature of AESD employee, former AESD employee, or near relative of current AESD employee

**AESD Department Certification ONLY**

Are these goods and/or services available from the District's own facilities?  YES  NO

How did your department learn of this provider, and why did you choose this provider?

\_\_\_\_\_  
\_\_\_\_\_

Department Head Name	Signature	Date
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**AESD BUSINESS SERVICES ONLY**

Assistant Superintendent of Business Services	Date
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Approves  Denies