

Local ___ Conflict of Interest Disclosure Form

All individuals covered by the SEIU Code of Ethics owe their members a duty of undivided loyalty and stewardship of their resources. An actual or potential **conflict of interest** occurs when personal or outside interests of covered individuals compromise or threaten to compromise their performance of official duties or inappropriately influence or potentially influence their official actions or decisions.

Under the SEIU Code, all covered individuals have a duty to disclose any conflicts of interest to the Local's Ethics Liaison or the SEIU Ethics Ombudsperson, who will review it and determine if any response or remedy is appropriate.

Position: _____

Please describe below any relationships, outside interests, transactions, positions you hold (volunteer or otherwise), or circumstances that could contribute to a conflict of interest. Include family or personal relationships in the Local, benefit funds, organizations and associations in which you, your spouse, family member or business partner has a substantial position or financial interest. Attach supplemental sheets if necessary.

I have no conflict of interest to report.

I have the following conflict(s) or possible conflict of interest(s) to report:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

I understand that I have the duty to update this information as soon as I become aware of any change.

Signature: _____

Date: _____

**SEIU LOCAL _____
PERSONAL RELATIONSHIP PLEDGE**

In accordance with Local _____'s Anti-Discrimination and Anti-Harassment Policy and the SEIU Code of Ethics and Conflict of Interest Policy ("SEIU Ethics Code") (attached), we agree as follows:

1. We are involved in a personal relationship within the meaning of Section 12(b) of the SEIU Ethics Code, and we have disclosed our relationship as required.
2. Our relationship is entirely voluntary and consensual.
3. We will not allow our relationship to have a negative impact on our job duties or our workplace.
4. We will not engage in any public displays of affection or other behavior while on duty or in the workplace, especially behavior that may cause discomfort or a hostile work environment for other staff and members.
5. We will act professionally towards each other at all times, even if the relationship ends.
6. We understand that neither of us is permitted to directly supervise the other or to have input into work-related decisions concerning the other that are made by other officers or employees.
7. We will inform the Local immediately if the relationship ends, or if the conduct or advances of one of us becomes unwelcome to the other.
8. If the relationship ends, neither of us shall engage in conduct toward the other that could violate the Local's Anti-Discrimination and Anti-Harassment Policy or the SEIU Ethics Code.

Print Name/Title

Signature

Print Name/Title

Signature

Date

Date

Notes:

**LOCAL ____ CONFLICT OF INTEREST DISCLOSURE FORM
FAMILIAL AND PERSONAL RELATIONSHIPS**

All covered individuals within the meaning of the SEIU Code of Ethics and Conflict of Interest Policy (“SEIU Ethics Code”) are required to disclose any actual, potential, or perceived conflicts of interest at the time they are elected, appointed, or hired, on an annual basis, and at any time there is a material change in any response.

General Information				
First Name:		Last Name:		Middle Initial
Position/Title		Date of Hire:		
Department/Division:				
<p>Please list below any officer, executive board member or employee of SEIU Local ____ who is your “relative” or with whom you are in a “personal relationship” within the meaning of Section 12 of the SEIU Ethics Code and indicate the nature of the relationship.</p> <p>Section 12(a): “ ‘Relative’ means parent, spouse, spousal equivalent, child, grandparent, grandchild, sibling, aunt, uncle, niece, nephew, first or second cousin, corresponding in-law, ‘step’ relation, foster parent, foster child, and any member of the employee’s household. Domestic partner relatives are covered to the same extent as spousal relatives.”</p> <p>Section 12(b): “ ‘Personal relationship’ means an ongoing romantic or intimate personal relationship that can include, but is not limited to, dating, living together or being a partner or significant other. This definition applies regardless of gender, gender identification, or sexual orientation of the individuals in the relationship. This restriction does not extend to friends, acquaintances or former colleagues who are not otherwise encompassed in the scope of ‘personal relationships.’ ”</p>				
If more space is needed, attach additional sheets, following the format below.				
Name(s) of individuals in family or personal relationship with you		Position or Title	Nature of Relationship	
1.				
2.				
3.				
<p>I certify that the information on this form is, to the best of my knowledge and belief, correct and accurate, and I recognize my continuing obligation to adhere to the SEIU Ethics Code.</p> <p>_____ (Signature) _____ (Date)</p>				

If there is a potential conflict of interest within the meaning of the Code, our Ethics Liaison will contact you about how to resolve it.

LOCAL ANNUAL CONFLICTS OF INTEREST SURVEY

20__

To comply with IRS reporting requirements, we must annually solicit your response to these conflicts of interest questions. Please complete and sign the survey below, and return the completed survey to _____ no later than __[date]__.

1. To the best of your knowledge, in [preceding year]__, did you, any family member, or any other person referenced in Section 12 of the SEIU Code of Ethics and Conflict of Interest Policy acquire or maintain any substantial ownership or financial interest in, or receive any financial benefits from: (a) a vendor that supplies goods or services to your Local, or (b) an employer with which your Local has a collective bargaining agreement or is attempting to secure one?

No.

Yes. If your answer is “yes,” please explain: _____

2. In [preceding year]__, did you have a family relationship or outside business relationship with any other officer or member of the Local’s executive or governing board? “Outside business relationship” means any profit-making, employment, or investment relationship that is not directly connected with your work for your Local.

No.

Yes. If your answer is “yes,” please identify the individual(s) and explain the relationship(s): _____

[signature]

[date]

[printed name]

[Local and position]

Local ____ Conflict of Interest Disclosure Form

The SEIU Code of Ethics and Conflict of Interest Policy (“SEIU Ethics Code”) requires covered individuals to disclose any actual, potential or apparent conflict of interest to the Local’s Ethics Liaison or the SEIU Ethics Ombudsperson, described in PART F of the Code, as soon as they become aware of it. Conflicts of interest arise on the part of covered individuals when their paramount duty to their members is compromised or potentially compromised, or is inappropriately influenced or potentially influenced, by a competing personal interest, including the interests, relationships and transactions referenced in the Code.

In this Local, you are required to disclose any conflicts or potential conflicts when you are first elected or hired, once a year thereafter, and whenever an update is required by a change in circumstances.

Disclosing a conflict or possible conflict does not indicate wrong-doing on your part but rather suggests a need for a disinterested party to review the facts and circumstances to determine whether any adjustment or response on the part of the Local is appropriate.

Please certify below that you have no conflicts to report OR describe any relationship, transaction or interest that you believe could give rise to a conflict of interest. If you have any doubt, please disclose the relevant facts so that a determination can be made by our Ethics Liaison or the SEIU Ethics Ombudsperson.

_____ I have nothing to report.

_____ I have the following matters to report:
(Please attach supplemental pages if necessary.)

- A. Please list any financial interest you, your spouse, relative or business partner has
- in any entity that engages or seeks to engage in collective bargaining with your Local;
 - in any vendor, business or other entity that does business or seeks to do business with your Local; and
 - in any benefit fund or plan or any organization related to your Local within the meaning of Section 10 of the Code.

1. _____

2. _____

B. Please list any nonprofit and for-profit organizations for which you or your spouse, relative or business partner serves in a substantial role, such as a director, board member, fiduciary or significant stockholder.

1. _____

2. _____

C. Please list any payment or gift of more than minimal value that you have received this year from

- any entity that engages or seeks to engage in collective bargaining with your Local [You do not need to include compensation for your regular employment; work you perform for an employer or vendor on a part-time, arm's length basis; or events you attend that are hosted by public officials];
- any individual, business or professional firm that does business or seeks to do business with your Local; and
- any member of your Local.

1. _____

2. _____

D. Please list any individual with whom you have a family or personal relationship within the meaning of Section 12 of the Code who works for your Local in an elected, appointed or staff position.

1. _____

2. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Name (printed): _____

Position: _____

Affiliate name or number: _____