

# CONFLICT OF INTEREST DISCLOSURE STATEMENT

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: DoD Directive 5500.7-R (Joint Ethics Regulation); Executive Order 9397 allows the use of the Social Security Number as an individual Identifier. PRINCIPAL PURPOSE and ROUTINE USE- This number is used as an additional means of Identification among Department of Defense (DoD) employees. DISCLOSURE, Furnishing the Social Security Number (SSN) on this form is voluntary; however, failure to do so may result in personnel processing delays.

MEMORANDUM FOR U.S. Army Reserve (USAR) Personnel on Annual Training (AT), Active Duty for Special Work (ADSW), Active Duty for Training (ADT), or Temporary Tours of Active Duty (TTAD)

SUBJECT: Disclosure of Actual or Apparent Conflicts of Interest by Personnel Performing Active Duty in the Office of the Chief, Army Reserve (OCAR)

1. You are required to comply with the requirements of DOD Directive 5500.7-R, which establishes standards of conduct and ethical principles for all, DOD employees. Loyalty to country, ethical principles and the law should be placed above private gain and other interest at all times. DOD Directive 5500.7-R, Section 5-408 provides that you must disclose to superiors and assignment personnel information necessary to ensure that no conflict exists between your duty assignment and your private interests. You will not be assigned to duties in which you will obtain information that you or your private employer may use to gain unfair advantage over competitors.

2. Upon entrance on AT, ADSW TTAD, or ADT you must, on the first day of your tour, discuss your civilian Employment with your Division Chief/Designee, complete and sign the following statement and complete a Disclosure Addendum, if required.

### STATEMENT

Date: \_\_\_\_\_

I am employed in my civilian capacity by \_\_\_\_\_

My employer DOES / DOES NOT (circle one) do business with the Department of Defense.

My employer DOES/ DOES NOT (circle one) seek to do business with the Department of Defense.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Grade \_\_\_\_\_ Branch /MOS \_\_\_\_\_ SSN \_\_\_\_\_

If you circled "DOES", Include a Disclosure addendum explaining the scope of your employer's business.

### **TO BE COMPLETED BY DIVISION CHIEF/DESIGNEE/SUPERVISOR**

I understand the requirements of DOD Directive 5500.7-R, Section 5-408. I have discussed with the above Reservist his/her assignment to my Division. I AM / AM NOT (circle one) aware of any actual or apparent conflict of interest between this assignment and him or her personally, or his or her civilian employment or occupation.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Division \_\_\_\_\_ Title \_\_\_\_\_

**If you determine that an actual, apparent, or potential conflict of interest exists, contact the OCAR Legal Counsel immediately**