

Employee Signature	Date
I acknowledge that I have read and will abide by the Conflict of Interest Policy DBD (Local) available at http://pol.tasb.org/Policy/Download/253?filename=Dleadytestart	
2. Briefly describe work to be performed:	
1. Traine and address of employing firm, agency of in	urraun.
If yes, please complete the following information:1. Name and address of employing firm, agency or in	dividual:
Are you engaging in Outside Employment? Yes No	
Department:	
Title:	
ID Number:	
Employee Name:	

The College District prohibits discrimination, including harassment, against any employee on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.