



## Disclosure of Potential Conflict of Interest

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

Position: \_\_\_\_\_

LABBB Program/Classroom: \_\_\_\_\_

I have been asked to provide the following services to a student who currently attends LABBB Collaborative:

- Babysitting       Respite       Therapy       Counseling  
 Tutoring       Other: \_\_\_\_\_

This student attends a LABBB classroom:  Where I am employed  
 Other than where I am employed

I understand that I am not providing these services as a LABBB employee nor a representative of LABBB. I am aware of the potential for a conflict of interest to arise between my independent work with the family/student and my employment with LABBB Collaborative.

I acknowledge this potential conflict and agree that I will not discuss matters pertaining to LABBB, the student or LABBB employees as part of or during my independent work with the family/student.

By signing and returning this form to my immediate supervisor, I am disclosing my employment or independent work with this family/student and verifying my commitment to the statement above

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LABBB Supervisor Signature

\_\_\_\_\_  
Date

**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST  
AS REQUIRED BY G.L.C. 268A §23(b)(3)**

I make this disclosure pursuant to G.L.c.268 A, §23(b)(3) in order to dispel any appearance of potential conflict of interest occasioned by the facts set out below, that I may be improperly or unduly influenced in the performance of my official duties, or that I would be likely to act or fail to act as a result of kinship, rank, position or the undue influence of any part or person.

<b>Name:</b>	
<b>Title or Person:</b>	
<b>Agency/Department:</b>	
<b>Agency address:</b>	
<b>Office Phone:</b>	
<b>I publicly disclose the following facts (Attach additional pages if necessary):</b>	
<b>Signature:</b>	
<b>Date:</b>	

G.L.c.268 A, §23 (b)(3): No current officer or employee of a state, county or municipal agency shall knowingly, or with reason to know, act in a manner which would cause a reasonable person, having knowledge of the relevant circumstances, to conclude that any person can improperly influence or unduly enjoy his favor in the performance of his official duties, or that he is likely to act or fail to act as a result of kinship, rank, position or undue influence of any party or person. It shall be unreasonable to so conclude if such officer or employee has disclosed in writing to his appointing authority or, if no appointing authority exists, discloses in a manner which is public in nature, the facts which would otherwise lead to such a conclusion.

***Appointed state, county and municipal officials and employees should file with their appointing authority. Elected state officials should file with the appropriate House or Senate Clerk or the Ethics Commission. Elected county officials should file with the county clerk. Elected municipal officials should file with the city or town clerk.***

**Attach additional pages if necessary.**