

**COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
Conflict of Interest Disclosure Form**

Name:	Employee #:
Payroll Title:	Dept.#:
Program/Facility:	Telephone No.:
Address:	
Duties Performed:	

Please answer all the questions below.

Do you:

1. Hold a position with the County of Los Angeles that is responsible for making or influencing financial decisions? Yes No
2. Hold a position with the County of Los Angeles that is responsible for making purchasing decisions or making recommendations on products? Yes No
3. Hold a position with the County of Los Angeles that is involved in the making of a contract/agreement or MOU (includes, but not limited to, the recommendation of whether to contract out specific work, the drafting of contract specification, the evaluation of proposals/bids, the recommendation to award the contract to a proposer/bidder, the monitoring of a contractor, or the recommendation to extend or terminate a contract)? Yes No
4. Do you anticipate a change in your status within the next 12 months?
 Yes No

I certify by my signature below that I have read the Department's Conflict of Interest Policy and attest to the fact that I do not have any conflicts of interest. I also acknowledge that I have a responsibility to disclose any potential conflicts of interest to my supervisor if and when they arise.

Employee Signature

Date

Signature of Supervisor/Manager or
Signature of Physician Designee (Physicians Only)

Date

STOP HERE IF YOU ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS

**COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
Conflict of Interest Disclosure Form**

Do you or are you aware if an immediate family member:

1. Serves as a director, officer, consultant, trustee, or employee of, or do you or the immediate family member hold any position of management in any organization with which the County of Los Angeles has a contract or business relationship?
 Yes No
2. Have/has a direct or indirect investment interest of \$2,000 or more in an organization with which the County of Los Angeles has a contract or business relationship? Yes No
3. Receive/s income aggregating \$500 or more in value provided to, received by or promised in the last 12 months from any organization with which the County of Los Angeles has a contract or business relationship? Yes No
4. Own/s or have/has a direct or indirect investment in real property worth \$2,000 or more which could be affected by a DHS business decision? Yes No
5. Received within the past 12 months any donation or gift from any organization with whom the County of Los Angeles has a business relationship ? Yes No
6. Work/s, for compensation, either full-or part-time for an organization with which the County of Los Angeles has a contract or business relationship? Yes No

If you answered yes to any of these questions, the conflict of interest laws may preclude you from participating in or attempting to influence a County decision involving the interest, do you agree to immediately report such conflicts as directed in the Department's conflict of interest policy? Yes No

Immediate family member includes any relationship formed by blood, genealogy, marriage, adoption, cohabitation, and domestic partnership as defined California Family Code Section 297 et. seq. and Los Angeles County Code Section 2.210, including but not limited to spouse (common law or otherwise), child, mother, father, sister, brother, or legal guardian.

I certify by my signature below that I have read the Department's policy herein regarding conflict of interest and attest to the accuracy of the information I provided, and as noted below, I have presented this form to my supervisor for review and approval.

Employee Signature

Date

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES Conflict of Interest Reporting Form

Utilize this form to provide detailed information on any possible conflict of interest situation and submit it to your supervisor for immediate investigation/resolution. (Use additional pages, if necessary).

Name:	Employee #:
Payroll Title:	Dept. #:
Program/Facility:	Telephone No.:
Work Address:	

Use the lines below to describe the potential conflict of interest situation: (Attach an additional sheet if necessary)

NOTE: If the conflict of interest situation involves outside employment, you must obtain prior approval using the Outside Employment/Incompatible Activity Disclosure Form (See DHS Policy 740.000). Your signature below certifies that the above information is true and completed. The failure to disclose all conflict of interest information accurately will result in disciplinary action, up to and including discharge from County service.

Employee Signature:	Date:
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Local Compliance Officer Response

I have reviewed the information presented in this document and have discussed appropriate actions listed below with the supervisor to resolve this potential/actual conflict of interest.

Local Compliance Officer Signature:	Date:
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I have reviewed the potential conflict with the employee. We have agreed to resolve the situation in accordance with the actions listed above.

Employee Signature:	Date:
Supervisor Signature:	Date: