

U.S. DEPARTMENT OF AGRICULTURE
 FOOD SAFETY AND INSPECTION SERVICE
CONFLICT OF INTEREST STATEMENT
(For Use By Government Employees)

I authorize the Food Safety and Inspection Service, under Public Law 93-579 (*Privacy Act of 1974*), to use the information I have provided below to determine whether a conflict or appearance of a conflict of interest exists which would affect my performance as an employee of the Agency. I authorize the Agency also to use my social security number for identification and filing purposes. I understand that this information will be used only as necessary for personnel administration purposes carried out in accordance with established regulations and published notices of systems of records.

PART 1 - Identifying Data

1. NAME <i>(last, first, middle initial)</i>	2. BADGE NUMBER <i>(if applicable)</i>	
3. TITLE	4. GRADE	5. EMPLOYMENT STATUS <i>(check one)</i> <input type="checkbox"/> Applicant for FSIS Employment <input type="checkbox"/> Current FSIS Employee
6. NAME AND LOCATION OF ESTABLISHMENT(S) TO WHICH ASSIGNMENT IS REQUESTED OR TO WHICH BEING ASSIGNED, IF KNOWN		

PART II - Policy Statement Concerning Conflicts of Interest

FSIS Directive 4735.3 prohibits the assignment of employees at any establishment where circumstances exist which might prevent or give the appearance of preventing employees from objectively and impartially carrying out the duties and responsibilities assigned. A situation of this nature constitutes a conflict of interest. The following is a list of specifically prohibited conflict of interest situations:

1. An appointment to perform official inspection, grading, or other official duties at an establishment where an individual has been previously employed for more that 90 days during the preceding 3 years.
2. An appointment to perform official inspection or other duties at a firm, establishment, corporation, or any tenant or subsidiary thereof from which the individual is receiving an annuity or pension.
3. An appointment at any establishment where an immediate family member *(i.e., father, mother, spouse, child, brother, or sister)* of the individual is employed.
4. An appointment at any establishment employing other family members residing in the household of the individual. Other family members include father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, aunt, uncle, niece, nephew, grandparents, or grandchildren.
5. An appointment at any establishment where a family member *(listed in 4 above)* who, although not a resident of the household of the individual, is employed in a supervisory, managerial, or policy making capacity.

Employees must report all conflict of interest situations or any other situations which could reasonably give the appearance of a conflict of interest in advance of being assigned to an establishment. Failure to do so constitutes misconduct for which disciplinary action may be taken. Please read PART III of this form carefully; complete all sections; and sign in the space provided.

PART III - To be Completed by Applicants and Employees *(if your response to any of the following statements is "None" indicate "None" in the space provided)*. Use an extra sheet of paper, if needed.

A. During the 3 years prior to becoming a Federal employee, I have worked for the following inspected establishments(s): *(To be completed by applicant only)*

FROM	TO	FIRM/ESTABLISHMENT	CITY	STATE	POSITION TITLE

B. I am receiving or have rights to receive in the future a pension or annuity from the following companies:

FIRM/ESTABLISHMENT	CITY	STATE	YEARS VESTED	DATE PENSION BEGINS

CONTINUATION OF PART III

RELATIONSHIP	FIRM/ESTABLISHMENT	CITY	STATE	POSITION'S TITLE/CONTRACT	RELATIVE RESIDES WITH ME	
					Yes	No

D. The following circumstances may also present a conflict of interest (e.g., stock ownership, personal financial or employment interests, immediate family member having financial interest in the food industry, etc.)

I fully understand that it is my continuing responsibility to comply with the policies of FSIS pertaining to conflict of interest and certify that this statement is true, complete and correct to the best of my knowledge and

SIGNATURE

DATE

PART IV - Agency Reviewing Officials Opinion

The information contained in this statement discloses no conflict of interest under applicable rules and regulations.

SIGNATURE OF DESIGNATED AGENCY REVIEWING OFFICIAL

DATE

COMMENTS OF REVIEWING OFFICIAL