

# Code of Ethical Conduct Acknowledgement and Conflict of Interest Disclosure

## Acknowledgement

Training and completion of the acknowledgement provided in the applicable ELM module or this form is required within 60 days of hire/rehire into state service, transfer/demotion/promotion to a different state agency, or upon promotion for the first time to a supervisory/managerial position and annually thereafter.

I acknowledge and agree to the following:

1. I have read, understand, and agree to abide by MMB [HR/LR Policy #1445](#) Code of Ethical Conduct and [Minn. Stat. § 43A.38](#) Code of Ethics for Employees in the Executive Branch, which include restrictions regarding acceptance of gifts, use of confidential information, use of state property or time, and conflicts of interest.
2. I will perform my job duties honestly and ethically.
3. I will put forth honest effort in the performance of my job duties.
4. I will act impartially in my state job and without giving preferential treatment to any private interest except as may be provided by law.
5. I will comply with all policies, procedures, laws, rules, and regulations related to my job duties.
6. I will access not public data and use confidential information only when my work assignment reasonably requires access and only for state business purposes.
7. I will satisfy in good faith my obligations as a citizen, including all just financial obligations (such as paying taxes) that are imposed by law.
8. I will cooperate fully with internal, legislative, or external auditors.
9. I will report any suspected violations of the Code of Ethical Conduct policy, significant internal control weaknesses, evidence of theft, embezzlement, or unlawful use of public funds or property through designated agency channels.
10. I will report in writing to the Office of the Legislative Auditor (OLA) if I discover evidence of theft, embezzlement, or unlawful use of public funds or property, pursuant to [Minnesota Statute § 609.456, subd 2](#).

### **ADDITIONAL ACKNOWLEDGEMENT for Supervisors, Managers, and Agency Heads**

11. I will, within my span of influence and scope of duties, fulfill my responsibilities to:
  - a) Model ethical behavior;
  - b) Establish an ethical tone and culture in my agency that promotes honesty, accountability, and is conducive to preparing reliable information for decision-makers;
  - c) Establish mechanisms and communication channels for employees to report suspected violations of the Code of Ethical Conduct policy, internal control weaknesses, irregularities, or illegal conduct, and determine and follow the agency's process for investigating and resolving such reports;

- d) Confer with agency human resources or the agency's ethics officer if an employee discloses an actual, potential, or apparent conflict of interest;
- e) Determine the existence of actual, potential, and apparent conflicts of interest and direct action to resolve such conflicts, including as directed by MMB;
- f) Develop, maintain, adhere to, and periodically assess an effective internal control system compliant with MMB policies and standards;
- g) Support Code of Ethical Conduct training programs for employees so they are informed of professional standards, laws, regulations, internal controls, and ethical responsibilities;
- h) Notify law enforcement and/or the OLA as required by law, rule, regulation, or policy; and
- i) Report to the OLA in writing when there is probable cause to believe that a substantial violation of Minnesota Statutes Chapter 43A has occurred.

12. If applicable as the Chief Executive, Financial, or Information Officer, I will notify the Office of Legislative Auditor if I obtain information indicating that public money or other public resources may have been used for an unlawful purpose, or if I obtain information indicating that government data classified by Minnesota Statutes Chapter 13 as not public may have been accessed by or provided to a person without lawful authorization.

I acknowledge and agree to the responsibilities outlined in items 1-10 above. If I am supervisor, manager, or agency head, I also acknowledge and agree to the responsibilities outlined in items 11 and 12 above.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

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

## Conflict of Interest Disclosure

To promote compliance with the Code of Ethical Conduct policy all employees are required to complete this Disclosure.

*Information collected may be classified as private data under the Minnesota Government Data Practices Act and is being collected for the purposes of, and will be used for determining compliance with, the Code of Ethical Conduct policy and/or [Minn. Stat. § 43A.38](#). Your failure to provide the requested information may result in disciplinary action up to and including discharge. Information provided may be released to: (i) persons or entities authorized under state or federal law; (ii) persons or entities authorized by court order; (iii) persons or entities to whom you give written consent; and (iv) agency or MMB staff who have a need to know the information.*

The following definitions apply to this Disclosure:

<i>Business</i>	Any company, corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual or any other legal entity which engages either in nonprofit or profit-making activities.
<i>Dealings</i>	Includes any processes involved with state contracts or grants, and licensing, inspection, audit, regulatory or enforcement matters.
<i>Family</i>	An individual's: current and former spouse; children, parents, and siblings; current and former children-in-law, parents-in-law, and siblings-in-law; current and former stepchildren and stepparents; grandchildren and grandparents; and members of the individual's household.
<i>Organization</i>	Includes for-profit and not-for-profit businesses and other entities. Organization does not include public entities.
<i>Partner</i>	Includes romantic and domestic partners and outside business partners.

I certify to the following (check each box as applicable):

### Employees Only:

I am not, in my personal capacity (as opposed to in my state capacity), an officer, director, board trustee, advisory board member, council member, committee member, partner (general or limited), employee, or contractor of any organization that presently has dealings with my work unit or might reasonably be expected to have dealings with my work unit in the coming year.

No member of my family or my partners are an officer, director, board trustee, advisory board member, council member, committee member, partner (general or limited), employee, or contractor of any organization that presently has dealings with my work unit or which might be expected to have dealings with my work unit in the coming year.

Neither I nor any member of my family or my partners have a direct or indirect financial interest in an organization which currently has dealings with my work unit or which may reasonably be expected to have such dealings with my work unit in the coming year.

Neither I nor any member of my family or my partners have a financial or personal interest in property in which my agency has a financial or other interest.

I do not have any other interest in or relationship with any person or organization where that interest or relationship might reasonably be expected to create an appearance of a conflict of interest with my employment at my agency.

**Supervisors, Managers, and Agency Heads Only:**

I am not, in my personal capacity (as opposed to in my state capacity), an officer, director, board trustee, advisory board member, council member, committee member, partner (general or limited), employee, or contractor of any organization that presently has dealings with my agency or might reasonably be expected to have dealings with my agency in the coming year.

No member of my family or my partners are an officer, director, board trustee, advisory board member, council member, committee member, partner (general or limited), employee, or contractor of any organization that presently has dealings with my agency or which might be expected to have dealings with my agency in the coming year.

Neither I nor any member of my family or my partners have a direct or indirect financial interest in an organization which currently has dealings with my agency or which may reasonably be expected to have such dealings with my agency in the coming year.

Neither I nor any member of my family or my partners have a financial or personal interest in property in which my agency has a financial or other interest.

I do not have any other interest in or relationship with any person or organization where that interest or relationship might reasonably be expected to create an appearance of a conflict of interest with my employment at my agency.

**All Employees, Supervisors, Managers, and Agency Heads:**

If you are unable to certify to any of the items above, provide details below, including the name of each potentially conflicting person or organization, the personal relationship or role that creates the potential conflict, and the agency activity involved in the potential conflict. Please disclose any other actual, potential, or apparent conflicts of interest below. Refer to [HR/LR Policy #1445](#) Code of Ethical Conduct Policy and [Minn. Stat. § 43A.38](#) for definitions.

I agree to immediately notify my agency leadership if any of the information presented in this disclosure form materially changes during the year, and I agree to abstain from any participation in matters relating to the new information until my agency can determine whether an actual, potential, or apparent conflict exists and, if one exists, whether that conflict may be resolved.

By signing below, I certify that the information I have provided herein is true and correct to the best of my knowledge and belief.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_