

## CONFLICT OF INTEREST STATEMENT

By signing below, I certify that as a contracted worker or Employee of the \_\_\_\_\_ Library I will avoid acting in circumstances where my personal interest conflicts with that of the \_\_\_\_\_ Library, whose interest I have been employed to represent.

Employee [Printed] \_\_\_\_\_

Employee [Signature] \_\_\_\_\_

Date \_\_\_\_\_

Witness [Printed] \_\_\_\_\_

Witness [Signature] \_\_\_\_\_

Date \_\_\_\_\_