



# City of Phoenix

## CONFLICTS IN EMPLOYMENT, SUPERVISORY AND CONTRACTUAL RELATIONSHIPS DISCLOSURE FORM

(Refer to A.R. 2.91)

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

Job Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Name(s) of the relative(s) or individual(s) working for the City with whom I may have a conflict:

Name	Department	Job Title	Relationship

### Other Potential Conflicts:

*Please use the space below to declare other employment, supervisory, and/or contractual conflicts as noted in A.R. 2.91.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_