**Conflict of Interest /Commitment Management Form Template**

Management Plan Template: Insert Faculty Name, Title and College, School, Department, Center or Institute

<table>
<thead>
<tr>
<th>Faculty Activity</th>
<th>Description</th>
<th>Objective Metric</th>
<th>Date Reviewed</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction</td>
<td></td>
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<tr>
<td>Research</td>
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<tr>
<td>Administration</td>
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<tr>
<td>Service</td>
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</tbody>
</table>

List each University of Oregon activity in which the faculty member engages. This can be teaching, research, services, the director of a center/institute. The committees they attend, the doctoral candidates they advise, the dissertation committees on which they sit, it should also include their use of 1/7 time.

If further description of any of the listed activities is required, use this column, if not put in "NA"

Describe objective metric that is used to monitor the satisfactory/stellar performance of the activities listed in column 1. Examples include: continued external funding and successful research outcomes; comments from the Dept Head/Deans regarding satisfactory attendance, meaningful participation; accessibility to doctoral advisees; better than average course evaluations, for use of 1/7 time a description of the monitoring plan and who would monitor would suffice.

For now, make it the current date, going forward, date it with the next annual disclosure and it will make the whole process go forward more easily.

This is where you would detail the positive outcomes of the objective metrics.

*Instructions: Remove any unnecessary signature blocks*

Faculty Signature

__________________________________________  Date

Supervisor/Department Head Signature

__________________________________________  Date

Center/Institute Director Signature

__________________________________________  Date

Dean Signature

__________________________________________  Date

Appropriate Vice President Signature

__________________________________________  Date

Appropriate Vice Provost Signature  or  Senior Vice Provost Signature

__________________________________________  Date