

**Conflict of Interest Policy Employment Disclosure Form**

In accordance with the **RevSpring Conflict of Interest Policy** in the RevSpring Team Member Handbook, please complete this Conflict of Interest Policy Employment Disclosure Form

I, Pravallika Gongati, acknowledge and affirm the following:

**Print Name**

I have received a copy of the RevSpring Conflict of Interest Policy. \_PG\_\_\_\_\_\_\_\_ (**initial**)

I have read and understand the policy. \_\_PG\_\_\_\_\_\_\_ (**initial**)

I agree to comply with the policy. \_\_PG\_\_\_\_\_\_\_ (**initial**)

I understand that I must report conflicts of interest. \_\_\_\_\_\_PG\_\_\_\_\_\_\_\_ (**initial**)

Are you aware of any current or potential relationships or situations in which you are involved that would be considered a conflict of interest under the RevSpring Conflict of Interest policy?

□ Yes **or** □ No

If yes, please describe it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My signature below confirms the statements that I have acknowledged above.

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

**Employee Signature**