

Management Plan

I. EMPLOYEE INFORMATION

| | |
|------------------------------------|-------------------------|
| Employee Name | Position/Title |
| Department | College/Division |
| Current Research Project(s) | Sponsor Agency |

II. DESCRIPTION of the relationship and/or interest that creates an actual, potential, or perceived conflict. List any UNT faculty, staff, or students involved in the outside activity.

III. MANAGEMENT ACTIONS that will be taken to manage the situation.

IV. Oversight Committee (if applicable): Three faculty members not involved in the project or COI Committee must be selected. Please list the name, title, & department of each member.

V. EMPLOYEE ACKNOWLEDGEMENT

I agree to abide by the agreements of this Management Plan. This Management Plan will be in effect until the research project ends. If the relationship changes, the employee must complete a new COI Disclosure. The financial interest must be disclosed in any presentation or publication resulting from the research.

_____ Signature

VI. ADMINISTRATIVE APPROVAL

COI Chair Approval

_____ Signature

Departmental Approval

_____ Signature

VII. NOTES

- Next review of this Management Plan will be no later than _____ (date), or earlier if the situation changes.