

CITY OF SCHERTZ EMPLOYEE CONFLICTS DISCLOSURE STATEMENT

(Instructions for completing this form are provided on the back)

This is the notice to be filed with the City of Schertz City Secretary and Purchasing Department that the following City Employee has become aware of facts that require the employee to file this statement in accordance with the City of Schertz Purchasing Policy 2(D).	Office Use Only:
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Name of Employee:	Date Received:
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Position with the City:

Name of family member with whom the City will conduct business with:

Description of the nature and extent of employment or business relationship with family member listed above:

AFFIDAVIT: I am aware of the City of Schertz' Conflict of Interest policy located in Section 2 (D) in the City of Schertz' Purchasing Policy. The above information is true and correct to the best of my knowledge and I acknowledge this disclosure applies to a family member (as defined by Section 176.001 (2) Local Government Code: "Family member" means a person related to another person within the first degree by consanguinity or affinity). I also acknowledge that this statement will be filled out once annually no later than October 1st of each year once I become aware a family member has begun discussions, correspondence, negotiations, submits an application or responds to a bid or proposal for the City of Schertz.

City Employee's signature	Date
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City Secretary's Signature	Date
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Purchasing Manager Signature	Date
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CITY OF SCHERTZ EMPLOYEE CONFLICTS DISCLOSURE STATEMENT

Section 2(D) of the City of Schertz Purchasing Policy requires all city employees to file a City of Schertz Conflict of Interest Form with the Purchasing Department if any family member is conducting, will conduct, or plans to conduct business with the City of Schertz. The form will be filled out annually (once a year) and filed with the Purchasing Department no later than October 1 of each year in which the family member begins discussions, correspondence, negotiations, submits an application or responds to a bid or proposal.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side of this form.

1. Name of City Employee: Enter the name of the City Employee filing this statement
2. Position with the City: Enter the name of the position held by City Employee filing this statement.
3. Name of family member with whom the City will conduct business with: Enter the family member's name and the family member's business name.
4. Description of the nature and extent of employment or business relationship with family member listed above: Enter family member's business intent with the City.
5. Affidavit. Signature of City Employee, Purchasing Manager, and City Secretary.