

## STATE ETHICS COMMISSION

## Annual College and University Disclosure Form

Date of Statement: \_\_\_\_\_

Academic Year July 1, \_\_\_\_\_ Through June 30, \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Institution: The College of New Jersey

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_@tcnj.edu

Instructions: This form must be submitted pursuant to N.J.A.C. 19:61-6.10(a), which requires a State official serving in a scholarly capacity to annually disclose to his/her Department head any travel, subsistence or entertainment expenses, honoraria, academic prizes or other things of value related to activities performed in a scholarly capacity received in the prior academic year (July 1st through June 30th). Any benefit received related to your State position, and any outside activity performed, while not acting in a scholarly capacity, must still be reported pursuant to your institution's procedures, and on the forms required by the State Ethics Commission. Enter "N/A" in any category in which you did not receive benefits while acting in scholarly capacity during the covered academic year.

**Benefits Received****A. Travel, Subsistence and Entertainment Expenses**

| Date Received | Type of Benefit | Amount | Source | Interested Party* |
|---------------|-----------------|--------|--------|-------------------|
|               |                 |        |        |                   |
|               |                 |        |        |                   |
|               |                 |        |        |                   |
|               |                 |        |        |                   |

**B. Honoraria, Academic Prizes or Other Things of Value**

| Date Received | Type of Benefit | Amount | Source | Interested Party* |
|---------------|-----------------|--------|--------|-------------------|
|               |                 |        |        |                   |
|               |                 |        |        |                   |
|               |                 |        |        |                   |
|               |                 |        |        |                   |

\*Indicate whether the source of the benefit is an interested party to your institution. "Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

**C. Assigned Educational Texts or Materials**

1. Do you assign educational books or materials authored by you as a course requirement?

Yes                      No

2. If answer to question 1 is yes, do you receive royalties from those educational materials?

Yes                      No

3. If answer to question 2 is yes, please complete and attach the Scholarly Capacity Donation Certificate, documenting your required donation of those royalties.

**To the best of my knowledge and belief the information on this form is true and accurate.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**I have reviewed the information contained on this form.**

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ethics Liaison Officer Signature

\_\_\_\_\_  
Date



**Scholarly Capacity Donation Certificate**

*In order to increase scholarly transparency and comply with the New Jersey Uniform Ethics Code, please complete the following questions regarding royalty donations:*

1. If you answered **yes** to question C. 2 on the Annual College and University Disclosure Form, please detail the donation(s) in the following chart:

| <b>Name of Organization</b> | <b>Date of Donation</b> | <b>Amount of Donation</b> | <b>Manner of Donation<br/>(check, credit card,<br/>cash, etc.)</b> |
|-----------------------------|-------------------------|---------------------------|--|
|                             |                         | \$                        |  |
|                             |                         | \$                        |  |
|                             |                         | \$                        |  |
|                             |                         | \$                        |  |
|                             |                         | \$                        |  |

2. Please attach to this sheet or otherwise provide the Ethics Liaison Officer with a receipt of your donation.

\_\_\_\_\_  
Printed name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date