

**THE DISTRICT BOARD OF TRUSTEES OF
HILLSBOROUGH COMMUNITY COLLEGE
ANNUAL REPORTING OF SECONDARY EMPLOYMENT, SELF-EMPLOYMENT AND
AFFILIATIONS**

Board Member: _____ Date: _____

Employment

Name and nature of business: _____

Type of work performed: _____

Secondary Employment: _____

Type of work performed: _____

Affiliations

I, and/or my spouse, am a board member, advisor, major stockholder, partner, or am otherwise affiliated with the following organizations eligible to compete with other firms for HCC business:

Organization: _____ Affiliation: _____

Board Member Signature

Date

By signature, I am acknowledging that I do not have any conflict of interest that would hinder or influence my performance as a board member. If at any time a conflict does arise, I will abstain from any related voting and submit, in writing, an acknowledgement of said conflict.

This form is required in accordance to HCC Administrative Policy 6HX-10-1.0 and Policy 6HX-10-4.13.