



## Conflicts of Interest/Second Job Disclosure Statement

The Company's Code of Ethics addresses, among other things, conflicts of interest that may arise from a second job or any other relationship with an outside entity that is a customer, supplier or competitor of the Company. Generally, these relationships do not impact your employment at Day & Zimmermann. However, you must disclose such relationships so that the Company can determine if they can cause a conflict of interest or impair your ability to perform your primary job.

Please fill out the 3 sections below checking the correct boxes. Please update your Ethics Officer regarding any changes in the future regarding the situations below.

### SECOND JOB:

- I **DO NOT** have a second job (including self employment and/or consulting).
- I **DO** have a second job; the information about that second job is listed below.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Brief description of the responsibilities of the second job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Manager's Approval \_\_\_\_\_

Date Approved \_\_\_\_\_

### OUTSIDE RELATIONSHIPS:

Please report relationships you have with customers, competitors or suppliers that can cause a conflict of interest or create an appearance of conflict of interest. The types of relationships that you are required to disclose include, but are not limited to, relationships as an owner, part owner, employee, consultant, as well as family and close personal relationships with customers, suppliers, competitors and with those who own and manage them.

- I **DO NOT** have a relationship with a Company that may be a customer, supplier or competitor.
- I **DO** have a relationship with a Company that may be a customer, supplier or competitor and information about the relationship is listed below.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Brief description of the relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Manager's Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

### YOU MUST ALSO COMPLETE THIS SECTION:

Would you like to meet with the Ethics Officer to discuss this survey?  YES  NO

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ BADGE #: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

It is important that you check all the appropriate boxes that apply. **Please double check that you have made three checks on this page.**