



Name: _____ Department: _____
(PLEASE PRINT)

**STATE OF TENNESSEE
CONFLICT OF INTEREST AND
ETHICS POLICY RECEIPT STATEMENT**

(To be completed by employees covered by Executive Order No. 20, excluding Commissioners)

Please read, sign and return to Governor's Legal Office by April 15, of each year

I hereby certify that I know of no circumstance related to my duties respecting Tennessee state government that might result in or create the appearance of any of the conditions described in sections (a) through (f) in paragraph 2 of Executive Order No. 20, dated August 31, 2012.

These conditions include the following:

- i. Using public office for private gain;
- ii. Giving preferential treatment to any person;
- iii. Impeding government efficiency or economy;
- iv. Losing complete independence or impartiality;
- v. Making a government decision outside of official channels; or
- vi. Affecting adversely the confidence of the public in the integrity of the government.

I also hereby certify that I have received and read a copy of Executive Order No. 20, concerning ethics, conflicts of interest, and acceptance of gifts on the part of executive branch employees. I agree to abide by the terms of Executive Order No. 20 as a condition of my employment with the State of Tennessee. I will direct any and all questions regarding Executive Order No. 20 or any other work-related ethical issues to my department compliance director.

Signature

Department

Date

NOTE: *If the statement above is not accurate and you know of circumstances related to your duties respecting state government that might result in or create the appearance of any of the conditions described in sections (a) through (f) in paragraph 2 of Executive Order No. 20, do not sign this Statement, but instead attach a list of such circumstances. For each circumstance listed, please include a brief narrative describing all relevant facts and the nature of the potential conflict of interest.*