

# Conflict of Interest Disclosure & Authorization Form

Last Revised: Nov. 3, 2014



ALL RELATED PARTY INTERESTS MUST BE DISCLOSED IN WRITING.

## Definitions

A Related Party Interest is a business deal or arrangement that involves a Williams employee or contractor and an outside party who are joined by a special relationship (e.g. relative, business associate, financial interest) prior to the arrangement.

**DESCRIPTION:** Provide a description of the potential Conflict of Interest for which you, the employee, are seeking review or approval. Include all details (e.g. current or potential conflict, your relationship with any associated parties, connection/relevance to job responsibilities, extenuating circumstances) that will assist management's review of the disclosure.

## DETAILS:

**BUSINESS RATIONALE:** Provide a description of the business reason(s) why a potential conflict of interest should be approved. The business rationale should clearly describe how Williams would be advantaged, versus the employee, for allowing the conflict to exist.

## DETAILS:

**COMPENSATING CONTROLS:** Provide a detailed description of the internal controls that will be implemented to mitigate the potential risk that the Company may be disadvantaged by the potential conflict. Examples of internal compensating controls might include removal of the employee from responsibility for the contractor, vendor or supplier activities (competitive bidding, work approvals or oversight, approving invoices, etc.), and periodic reviews or audits of the potential conflict.

## DETAILS:

## EMPLOYEE COMMENTS:

## MANAGEMENT COMMENTS:

Guidance on what constitutes a conflict of interest may be obtained by contacting your supervisor, HR business partner or the Business Ethics Resource Center (BERC). Forward signed form via email, fax, or interoffice mail for next level review. (All Related Party Interests involving an officer must be reviewed by the CEO). Vice President submits to the Business Ethics Resource Center for routing to Personnel File.

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Printed Name	Employee Signature	Emp ID#	Date
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Printed Name	Manager Signature	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date
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Printed Name	OA/FA Vice President Signature	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date
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Printed Name	Business Ethics Resource Center Acknowledgment	Date
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cc: Personnel File