



Public Disclosure Form

Clark County School District
Las Vegas, NV

Company/Individual's Name: _____

Federal Tax ID # (EIN or SSN): _____

1. Unless otherwise indicated, I certify that I am not currently an employee of the Clark County School District (the "District") nor have I been an employee of the District within the past year.

2. If the person performing the work was a previous District employee and is self-employed or is an owner or part owner in the company they work for, information must be provided, as follows:

Dates employed with the District: _____ Position held _____

Employment terminated on: _____ Last Paycheck date: _____

3. Unless otherwise indicated, I certify that the officers of this company are not currently employees of the District nor have they been employees of the District within the past year.

Please complete the following. Additional sheets may be attached if necessary. Write "none" if applicable.

Company Employee Name/Individual's Name	Position within Company	Are they Currently a District Employee?	Separation Date if a Former District Employee

4. I certify that I have listed all personal relationships and financial interests between the company, company officers, and key employees with current and former District Board of School Trustees, and current and former District authorizing officials.

Please complete the following. Additional sheets may be attached if necessary. Write "none" if applicable.

Company Employee Name/Individual's Name	Position within Company	Are they Currently a District Official/Trustee?	Relationship to/Interest with District Official/Trustee

5. I hereby acknowledge that failure to disclose all facts relative to a conflict or potential conflict of interest with regard to my contract/agreement with the District may result in termination of said contract/agreement.

(Applicable District Regulations can be accessed on the District website www.ccsd.net. These include District Policy 4270, *Conflict of Interest: All Employees*; District Regulation 4371, *Employees "Cooling Off" Period*; and District Regulation 3312, *Purchasing Authorization and Nepotism – All Funds*.)

Individual or Authorized Company Representative	Signature: _____	Date: _____
	Title: _____	

For Internal Use

Approval Required	District Entity	Signature/Reference	Date
	Board of School Trustees		
	Deputy Superintendent/Operations		
	Approval Not Required		