

Annual Employee Agreement



Kansas Crop Improvement Association
2000 Kimball Avenue
Manhattan, KS 66502

The following form is to be completed by all Kansas Crop Improvement Association employees.

Employee Name: _____

1. I affirm that I do not have a conflict of interest nor financial interest which would jeopardize the third party neutrality and integrity of the services I perform in regard to the Kansas Crop Improvement Association programs.
2. **Statement of Disclosure:** I agree that I shall not have any business transactions* during the year prior to and the year following an inspection, certification or service. I have listed below those companies that I have consulted for, traded with, been employed by, and/or have any business transactions with, in the past 12 months, that would constitute a conflict of interest.

_____ I have no conflicts of interest

Name of Company

Type of Interest or Conflict

_____	_____
_____	_____
_____	_____
_____	_____

**Business transactions are defined as the individuals and their families being party to a transaction involving the marketing, sale or distribution of products, employment, partnership, consultation or financial interest.*

3. I will not give advice nor provide consultancy services to certification applicants or certified operations, for overcoming identified barriers to certification.
4. I will not accept gifts and/or favors that might reasonably be deemed of a value sufficient to impede the impartiality of services provided to a client, the client's associates, or a client's competitor. Meals and promotional items such as might be offered at general business meetings may be accepted on an infrequent basis. Any gift so received with a value over \$25 shall be reported to my supervisor.
5. I will be an impartial and independent evaluator of compliance with the Kansas Crop Improvement Association program requirements.
6. I attest to having read and understand the current Kansas Crop Improvement Association policies, criteria, guidelines, certification standards and other program requirements.

7. I affirm that I will not disclose any confidential information I learn or have access to in my official capacity, to any person or organization. I recognize that the violation of confidentiality by the improper use or disclosure of confidential information may make me liable in a civil action suit. Fraudulent actions uncovered by me during a certification inspection or other audit will be reported in the first instance to Kansas Crop Improvement Association. I, however, may have certain responsibilities to federal and state regulators that require me to disclose confidential information relating to investigations. All information is still to be considered *confidential* and may only be disclosed to the appropriate authorities.
8. Information contained in reports and forms is confidential between the applicant, the certification agency and me. The report should not be used for promotional purposes. All compliance assessments are made in reference to the Kansas Crop Improvement Association program requirements and the criteria and policies of this agency, and are based on my observations of the inspected field, revealed information, review of documents made available, or conversations with the party applying for certification.
9. Payment for my work, including reimbursement of expenses, shall be paid by Kansas Crop Improvement Association.
- 10 I agree that I may not serve on the certification committee for the evaluation of an operation I have inspected or evaluated. If I am also a certification committee member, I will not take part in any decision-making on that certification request, but can be consulted for information or clarification.

I hereby agree to abide by the above conditions. I am aware that a breach of these conditions can result in disciplinary action up to and including termination of employment.

Date

Signature of Kansas Crop Improvement Association Employee