



FISD Conflict of Interest Disclosure Form

(Outside Employment and/or Private Tutoring)

Per Board Policy DBD(LOCAL):

- An employee shall disclose in writing to his or her immediate supervisor any outside employment that in any way creates a potential conflict of interest with the proper discharge of assigned duties and responsibilities or with the best interest of the District.
- An employee shall disclose in writing to his or her immediate supervisor any private tutoring of District students for pay.
- Teachers shall not privately tutor their own students for pay, except during the summer months when the teacher is not otherwise responsible for professional duties related to the student. Payment for any such services must be initiated and completed outside of the school year and outside of any district professional responsibilities to the student which may occur during the summer (e.g. summer school, summer programming).
- A District employee shall not use District facilities or resources when tutoring students for pay.
- The Board reserves the right, at all times, to evaluate any problem arising under this policy and make such disposition of these questions and problems as may be deemed proper and necessary.

Employee Information

Full Name:

Elyse Adams

Campus/Department:

FRISCO HS

Position/Title:

Assistant Principal

Supervisor:

Dr. Shawn Perry

Disclosure of Private Tutoring

☒ I do not provide private tutoring to District students.

☐ I provide private tutoring to District students and attest that any students I tutor are not assigned to my classes during the school year nor am I responsible for providing professional services relating to the student during the summer.

Disclosure of Outside Employment

Per District policy, employees must disclose any outside employment that may present a potential conflict of interest with the duties of their position or the best interest of the District.

☒ I am engaged in outside employment and have uploaded/attached any applicable outside employment agreement(s)/contract(s) that include the following information:

- Outside Employer Name

ACT

- Nature of Work

Test Coordinators

- Employer EIN Number

42-0891485

- Work Hours/Schedule

8 hrs, 5x/year

- Position/Title

Test Coordinator

- Start Date

9/19/20

Please provide the employee a copy of the completed form and retain the original at the campus or department. For questions or concerns, contact Human Resources. (July 2026)



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- Are you currently serving in an administrative capacity, as described in TEC 11.006 (d) & HB 3372, and you are completing this document to submit for FISD Board approval of outside employment?

☒ Yes ☐ No al (Employee Initials)

-If yes, to your knowledge, is the outside employer an educational vendor who works with Frisco ISD?

☐ Yes ☐ No ☒ I Don't Know al (Employee Initials)

-I acknowledge that contractual information, submitted for FISD Board approval, is subject to disclosure under public records and freedom of information laws. al (Employee Initials)

Employee Disclosure Statement

Be sure to describe how this employment does or does not present a potential conflict of interest with your duties in the District:

The administration of the ACT exam is on weekends with students that enroll through ACT. All organization can be completed outside of school hours.

Time Commitment and Leave Acknowledgment

- ☒ Not applicable - no leave or discretionary absences involved.
☐ Leave/discretionary absences have been requested and approved.

My signature below indicates that I confirm:

- No district property and/or other district resources will be utilized in connection with any duties or responsibilities associated with my outside employment or private tutoring.
- No time off during my assigned minimum operational hours, or workday calendar, is required or will be used in relation to the outside employment or private tutoring described in this form.

OR

- If any discretionary absences are anticipated, or have been taken in connection with this outside employment or tutoring, I have communicated these in advance and obtained approval from my supervisor.

Employee Signature: [Signature]
Date: 08/10/20

Supervisor Signature: [Signature]
Date: 9/1/20

Please provide the employee a copy of the completed form and retain the original at the campus or department. For questions or concerns, contact Human Resources. (July 2026)