

**COLLIN COLLEGE  
REQUEST FOR DETERMINATION  
INTELLECTUAL PROPERTY/CONFLICT OF INTEREST**

The attached form must be used by faculty and staff employees to initiate a determination of intellectual property ownership and/or conflicts of interest pursuant to Collin College Board Policy CT (Legal) and CT (Local).

Please note that the attached Request for Determination Form is a **fillable and eSign form using Adobe Acrobat**. Please type in all required information, print and eSign the form. All ***Request for Determination Forms*** MUST be filed with the Chief Human Resources Officer and must be delivered via email to [Chief Human Resources Officer](#).

**NOTE:** All ***Request for Determination Forms*** must be received in the office **PRIOR** to creating the subject intellectual property and/or prior to taking the action that could potentially create a conflict of interest with the proper discharge of assigned duties and responsibilities or that creates a conflict with the best interest of the College District. **Please allow 10 business days for all requests to be processed.**

**COLLIN COLLEGE  
REQUEST FOR DETERMINATION FORM**

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**PART 1: REQUESTER'S CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please check one of the following:**                      **Staff Employee**                      **Faculty**

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**PART 2: DETAILS OF THE REQUEST**

**Title of Project:** \_\_\_\_\_

**Intellectual Property Description** (please attach abstract, contract or other related documentation):

**Please answer the following questions regarding your request:**

1. Was the intellectual property created prior to your employment with Collin College?  
Yes            No
  
2. Will the intellectual property be embodied in a professional, faculty, or student-authored scholarly, educational (i.e., course materials), artistic, musical, literary, or architectural work in the author's field of expertise? Yes            No
  
3. Will the intellectual property be related to the employee's job responsibilities?  
Yes            No
  
4. Is the creation of the intellectual property commissioned by the College District?  
Yes            No
  
5. Will the intellectual property be created on College District paid-time? Yes            No
  
6. Is the project resulting from research supported by federal funds or third-party sponsorship through Collin College? Yes            No
  
7. Would you require the use of this intellectual property within the scope of your work at Collin College? Yes            No
  
8. Will the employee use College District resources or work on College District facilities to create the property? Yes            No

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**REQUESTER'S AFFIRMATION:**

I hereby affirm that the information provided herein is true and correct to the best of my knowledge and that I will not publish the idea(s) embodied in the invention without prior written approval of the College District, which may be provided or withheld in the sole discretion of the College District.

Employee Name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional information and/or comments in regard to this request:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Human Resources Only**  
**PART 3: RECOMMENDATIONS & APPROVAL**

**Recommendations:**

100% Ownership by Employee

100% Ownership by Collin College

Joint Ownership of \_\_\_\_% Employee and \_\_\_\_% Collin College

No Conflict of interest

Potential Conflict of Interest

**Comments:**

**Recommendation Signatures:**

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

District President: \_\_\_\_\_ Date: \_\_\_\_\_