

**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 form**. **Please type in all required information, print and sign the form**. All **Request for Determination Forms** MUST be filed with the Vice President of Human Resources and may be delivered via hand-delivery, fax, email, or U.S. Mail to the following address.

Vice President of Human Resources  
Collin Higher Education Center  
3452 Spur 339, Suite 349  
McKinney, Texas 75069  
Fax: 972-985-3778

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

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

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

1. 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
2. Will the intellectual property be related to the employee's job responsibilities?  
Yes  
No
3. Is the creation of the intellectual property commissioned by the College District?  
Yes  
No
4. Will the intellectual property be created on College District paid-time?  
Yes  
No
5. Is the project resulting from research supported by federal funds or third party sponsorship through Collin College?  
Yes  
No
6. 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: \_\_\_\_\_

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**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:**

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

Leadership Team Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Approval:**

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