INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

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			1.4660		
In accordance with IC 4-2-6-9, you must fill days after the conduct that gives rise to the agency appointing authority and ethics office General's website.	e conflict. You must also includ	de a copy o	of the notification provi	ded to your	
Name <i>(last)</i> Hawryluk	Name (first) Michael		Name <i>(middle)</i> J		
Name of office or agency Commission for Higher Education		Job title Chief Technology Officer			
Address of office (number and street) 101 W Ohio St, Suite 300		City Indianapolis		ZIP code 46204	
Office telephone number (317) 232-2797	Office e-mail address (required) mhawryluk@che.in.gov)		.	
Describe the conflict of interest: My wife, Bridget, is currently in the p	ų.	ential en	polovment opportur	nities with	
WDD Software, one of CHE's vendo			J		
the work submitted to CHE by this V					
working at CHE, and I have an exist					
for nearly 20 years. Additionally, my	wife has know the same	partner	at WDD for 10 yea	rs.	
			2777		
The contract with WDD has been an	nended several times in ı	my time l	nere as we have a	dded features	
and deliverables to the desired work	, ,,				
Because I manage the deliverables	from WDD Software, and	l negotia	te on amendments	/features,	
there is a potential conflict of interest as WDD could attempt to hire my wife in an attempt to garner					
additional work from CHE. This is not the case, as both major additions to the contract were					
negotiated in advance of my wife pe	rsuing employment with	WDD.			
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Describe the screen established by your ethics officer: (Attach additional pages as needed.)		
During this time of negotiation between the Michael's (employee) spouse and WDD (vendo	r) which the	Commission for
Higher Education is under contract with, the employee will not authorize additional delivera	bles to be c	completed by the
vendor. Any additional work must be approved by the Director of Student Financial Aid and	Student St	ipport Services
as well as the Associate Commissioner and Chief Financial Officer. Michael is not a signate	ory authority	for the Commission
and all contracts must be approved by the Commissioner or the Associate Commissioner a	nd Chief Fl	nancial Officer.
Michael will exclude himself from any conversations, discussions, and decisions in which the	is conflict c	f interest may factor
into his recommendation. The employee will continue to work on the deliverables outlined in	n the existir	ng contract which
were negotiated prior to his spouse entering into potential employment communication with	the vendo	r.

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ACCIDINATION		
AFFIRMATION Your signature below affirms that your disclosures on this form are true, complete, and corre		
knowledge and belief. In addition to this form, you have attached a copy of your written disc appointing authority and ethics officer.	ct to the be closure to ye	our agency
Signature of state officer, employee or special state appointee	. 1 - 1	(month, day, year)
Printed full name of state officer, employee or special state appointee	3 31	17
Michael Joseph Hawrylok	water to a combyunus a	
FOR ETHICS OFFICER USE ONLY		
Your signature below affirms that you have reviewed this disclosure form and that it is true, or best of your knowledge and belief. You also attest that your agency has implemented the so	complete, a creen descr	nd correct to the libed above,
ALL	-1	(month, day, year)
Printed full name of ethics officer		' / / /

Croft, Celeste

From:

Hawryluk, Michael (CHE)

Sent:

Friday, March 31, 2017 5:17 PM

To:

Teresa Lubbers; Chase, Dominick (CHE)

Subject:

Potential Conflict of Interest

Teresa/Dom,

I have identified a potential conflict of interest, as my wife is currently pursuing employment opportunities with WDD Software, a vendor of CHE on the ScholarTrack project. I will be filing form 55860 with the Office of the Inspector General.

-Michael

Michael Hawryluk (how-er-luck)

Chief Technology Officer
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