

Ethics Disclosure Form
Outside Employment or Services

TO: _____, Designated Ethics Supervisor, _____
(Department, Agency, or Public Corporation)

I am providing notice of my outside employment or provision of services for compensation, as required by AS 39.52.170(b). *Note: You are not required to disclose volunteer work unless it is a potential conflict with your state duties or you receive any type of compensation, including travel or meals. If you are a part-time State employee clearly identify and explain your part-time status; and other employment you have.*

This employment or service consists of the following *(describe in detail employer, attach separate sheet as needed)*:

The hours and days I work or provide services are _____

State whether any of these hours or days will conflict with your regular work schedule: _____

Note: "Incompatible or in conflict" means: 1) Takes time away from an employee's official duties; 2) Limits the scope of the employees official duties; or 3) Is otherwise incompatible or in conflict with the proper discharge of the employee's official duties. See 9 AAC 52.090.

If I work as an independent contractor or a consultant, a list of my clients is attached:

Note: If your outside job duties are the same or similar to your State service, or if you will be dealing with people or entities with whom you deal or may deal as part of your official duties, you must explain why no potential conflict exists between your outside employment and your official duties. If a potential conflict exists, you must refrain from taking any action until it is approved by your designated ethics supervisor. See AS 39.52.210.

I certify that I will not use or allow the use of any State owned/operated facilities, supplies, equipment, vehicles, or personnel time and effort for any employment outside State service, and that my outside duties will not affect my usual State duties or duty hours in this Department. I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishable under AS 11.56.200 - AS 11.56.240.

(Signature) (Printed Name) (Date) (Phone Number)

(Division, Agency) (Position Title) (Location)

Work Supervisor Recommendation: ☐ Approve ☐ Disapprove *(attach reasons for disapproval recommendation)*

(Work Supervisor's Signature) (Printed Name) (Date) (Phone Number)

Ethics Supervisor Determination: ☐ Approve ☐ Conditioned ☐ Disapproved

(Designated Ethics Supervisor*) (Date) (Phone Number)

**Designated Ethics Supervisor: Provide a copy of the determination to the employee. If the employment is conditioned or disapproved or other action is necessary under AS 39.52.210, attach a written determination stating the reasons and send a copy of the determination and disclosure to the attorney general with your quarterly report.*