

# 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.*

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

The hours and days I work or provide services are \_\_\_\_\_

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 punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Division, Agency)*

\_\_\_\_\_  
*(Position Title)*

\_\_\_\_\_  
*(Location)*

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

\_\_\_\_\_  
*(Work Supervisor's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

Ethics Supervisor Determination:  Approve  Conditioned  Disapproved

\_\_\_\_\_  
Designated Ethics Supervisor\*

\_\_\_\_\_  
*(Date)*

*\*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.*