



NEW JERSEY STATE ETHICS COMMISSION

OUTSIDE ACTIVITY QUESTIONNAIRE – FULL TIME EMPLOYEES

Please complete, print, sign and send to your Dean/Director and Vice President for approval. Return signed forms to the Office of Institutional Diversity and Equity (L-214)

Name (print): _____

Work Address (Stockton): _____ Office E-Mail: _____

Department/Agency: _____ Division/Bureau: _____

Office Telephone: _____ Civil Service Title: _____

Functional Title (If different): _____

Job Duties: _____

1) Are you currently engaged in, or planning to engage in, any business, trade, profession and/or part-time or full-time employment, paid or unpaid, outside of or in addition to your State employment? Yes No

If no, skip to question 6.

2) Name of Outside Employer(s) or Business(es). _____

Indicate if you are an owner, partner or corporate officer. Owner Partner Corporate Officer

Address: _____

Type of Business: _____

Description of responsibilities: _____

Specify Days Worked per Week (i.e. Mon., Tues., Wed., etc.): _____

Work Hours: _____

3) Is your current or proposed outside employment or business being performed for or with any other employee(s) or official(s) of your State agency? Yes No

If yes, name and title of employee(s) or official(s). _____

Do you have a supervisor-subordinate relationship with this person(s)? Yes No

If yes, explain. _____

4) Does or will your outside employment or business require/cause you to have contacts with any NJ State agencies, vendors, consultants or casino license holders? Yes No

If yes, explain, providing name of the agency, vendor, consultant or casino license holder you will have contacts with, and the nature of those contacts:



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5) In your current or proposed outside employment or business do you or will you contract with or receive compensation from any New Jersey State agency? Yes No

If yes, indicate name of State agency and attach a copy of the contract. If no contract exists, provide a description of your business arrangement with the State agency.

If you have a contract with the State, did you receive the approval of the State Ethics Commission prior to entering into the contract? Yes No

6) Do you hold a license issued by a New Jersey State agency that entitles you to engage in a particular business profession, trade or occupation? Yes No

If yes, type of license. _____

When was the license issued? _____ Is the license active? Yes No

7) Do you currently hold, or plan to hold, any outside voluntary position(s)? Yes No

If yes, explain.

Does this position require you to have contacts with any New Jersey State agency? Yes No

If yes, explain. _____

8) Are you an officer in any professional, trade, business or other organization? Yes No

If yes, explain. _____

9) Are you serving in any public office, or considering appointment or election to any public office? Yes No

If yes, what is the position and where is it located? _____

What are the duties of the position? _____

Hours engaged in the elective/appointive office? _____

10) Do you have an ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for a New Jersey State agency, (b) directly or indirectly receiving funding from a New Jersey State agency, or (c) regulated by a New Jersey State agency? Yes No

If yes, for each indicate the following:

Name of employer, partnership, corporation or other entity in which you hold an ownership interest.

Nature of ownership interest in the partnership, corporation or other entity, and extent of ownership interest.



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Identity of the State agency (ies) with which the entity does business, receives funding, or is regulated.

11) Are you or any members of your immediate family* employed by a New Jersey casino licensee or applicant for a N.J. casino license? Yes No *Immediate family means a spouse, child, parent, or sibling residing in your household.

If yes, state: _____

Family Member's Name: _____ Relationship: _____

Name of Casino: _____ Position Held: _____

I certify that this questionnaire contains no willful misstatement of fact or omission of a material fact. I understand that should my State employment and/or outside activity change, I am required to promptly submit a new Outside Activity Questionnaire.

Signature of Employee: _____ Date: _____

Director/Dean Approved Disapproved

Signature: _____ Date: _____

Comments: _____

Vice President/President Approved Disapproved

Signature: _____ Date: _____

Comments: _____

Decision of Ethics Liaison Officer Approved Disapproved

Signature of Ethics Liaison Officer: _____ Date: _____

Comments: _____

Notification of decision was provided to employee on: _____ Date

NOTE: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission within 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.