



Outside Activity Questionnaire

Employee Name: _____

Banner ID # _____ Title: _____ Date: _____

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): _____
Please indicate if you are an ____ owner (self employed) ____ employee ____ partner ____ corporate officer

Address: _____

Type of Business: _____

Describe 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 WPU employee(s) or official(s)? ____ 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.

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? _____

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.

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

Decision of Immediate Supervisor:

Approved Disapproved

Print Name of Immediate Supervisor: _____

Signature: _____ Date: _____

Comments:

Decision of Ethics Liaison Officer:

Approved Disapproved

Signature: _____ Date: _____

Comments:

Notification of decision was provided to employee on: _____

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.