

# ETHICS DISCLOSURE FORM

## Outside Employment or Services Notification

To: \_\_\_\_\_, Designated Ethics Supervisor  
(Department or Agency)

In accordance with AS 39.52.170(b), I am providing notice of my employment or provision of services for compensation outside the \_\_\_\_\_(agency).

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, attach separate sheet as needed):

\_\_\_\_\_  
\_\_\_\_\_

Hours and days of the week \_\_\_\_\_

If you work as an independent contractor or a consultant, please attach a list of your clients.

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)

Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove (attach reasons for disapproval recommendation)

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

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

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

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved\*

\_\_\_\_\_  
(Designated Ethics Supervisor's Signature)

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

\*Designated Ethics Supervisor: Provide a copy of the approval or disapproval to the employee. If the employment is disapproved or other action is necessary under AS 39.52.210, attach a determination stating the reasons. A copy of the determination must be sent to the attorney general with your quarterly report at the following address: State Ethics Attorney, Office of the Attorney General, Department of Law, 1031 West 4th Avenue, Suite 200, Anchorage, Alaska 99501.