

Faculty
Disclosure of Employment or Activities Outside of the University of Alaska

"Public Employees," including employees of the University of Alaska, are subject to the Alaska Executive Branch Ethics Act (AS 39.52.010-960).

YOU DO NOT HAVE TO COMPLETE THIS FORM IF YOU DO NOT HAVE ANY OUTSIDE EMPLOYMENT OR ACTIVITIES TO DECLARE.

Printed Name: _____ Department: _____
UA Job Title: _____ Supervisor: _____

Check primary union classification:

Check primary job classification:

Describe the outside activity (attach additional sheets as necessary) including:

1. Name of outside employer/qti cpk cvkqp _____ aa
2. Hours/days of the week required _____ aaaa
3. How it affects University duties/hours _____ aaaa
4. List any potential conflicts of interest or incompatibilities between your outside activities and your university duties: _____

5. Are your outside activities similar or related to your university duties? yes no Will you deal with people or entities with whom you deal as a university employee? yes no. If you answered yes to either of these questions, please explain in detail: _____

I understand that:

1. For any outside activity, no university owned/operated facilities, supplies, equipment and/or vehicles (including personnel time or effort) may be utilized in any manner;
2. I may not take or withhold official action in order to affect a matter in which I have a personal or financial interest;
3. I am obligated to declare any potential violation of the Ethics Act on a separate form; and
4. I must report any change in my outside activity, when it occurs, and at least once each year on or before JULY 1.
5. If the outside activity may be incompatible or in conflict with my university duties, I must not engage in the activity or take official action on related matters until a determination is made as provided in AS 39.25.210

Certification: I certify that to the best of my knowledge, my disclosure statement is true, correct and complete. I understand that, in addition to any other sanction that may apply, submission of a false statement is punishable under AS 11.56.200-240.

(Sign below and forward this form to your supervisor.)

Faculty Signature Date

FORWARD TO DEAN/DIRECTOR FOR REVIEW AND SIGNATURE AFTER FACULTY SIGNATURE.

I, **(Dean/Director print your name)** _____ have reviewed this disclosure.
(Indicate whether the activity may adversely affect university duties). The outside activity (check one) has no adverse effect, may have an adverse effect on the employee's usual university duties or duty hours or otherwise be incompatible or in conflict with the proper performance of the employee's duties. I have attached any additional documentation required, including measures taken to avoid or correct potential ethics act violations and/or special areas of concern.

Dean's/Director's Signature Date

FORWARD TO YOUR MAU'S DESIGNATED ETHICS OFFICE FOR REVIEW AND APPROVAL. SEE LIST ➔

MAU Ethics Representative Signature Date

FORWARD ONLY THE FOLLOWING FORMS TO THE UNIVERSITY DESIGNATED ETHICS SUPERVISOR AT THE OFFICE OF THE GENERAL COUNSEL: 1) FORMS THAT DISCLOSE CONFLICTS OR INCOMPATIBILITIES WITH UNIVERSITY DUTIES; 2) FORMS THAT REQUIRE LIMITATIONS OR CONDITIONS ON THE OUTSIDE ACTIVITY OR UNIVERSITY DUTIES; 3) FORMS WHICH OTHERWISE REQUIRE A FORMAL DETERMINATION."

See http://www.alaska.edu/hr/forms/hr_ethicsforms.xml, or contact your MAU ethics representative for more information about Ethics Act Responsibilities.

UA system/SW: Office of General Counsel; B203, Box 755160, Fairbanks 99775

UAA: HR Services; Administration Bldg. 125, 3211 Providence Dr., Anchorage 99508

UAS: Personnel Services: Bill Ray Ctr 208, 11120 Glacier Hiwy, Juneau 99801

UAF: Provost, Box 757580, 3295 College Rd., Fairbanks 99775-7580