

Staff/Student Employee

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 job category: Exempt/Salary Non-Exempt/Hourly Local 6070 Student Employee Executive

Check primary job status: Regular: Full-Time Regular: Part-Time Temporary: Full-Time Temporary: Part-Time

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

- 1. Name of outside employer/organization:
2. Hours/days of the week required for outside activity:
3. How it affects University schedule or hours:
4. Describe what you do in your outside activity:
5. List any potential conflicts of interest or incompatibilities with your university duties:
6. 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 question, 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.)

Staff/Student Employee Signature Date

FORWARD TO YOUR DIRECTOR/SUPERVISOR FOR REVIEW AND SIGNATURE AFTER EMPLOYEE SIGNATURE.

I, (Director/ Supervisor, 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.

Director/Supervisor Signature Date

FORWARD TO THE HUMAN RESOURCES DIRECTOR AT YOUR MAU FOR REVIEW AND APPROVAL. SEE LIST

MAU Ethics Representative Signature Date

UA system/SW: Office of General Counsel; Butro203, Box 755160, Fairbanks 99775
UAA: HR Services; Administration Bldg. 125, 3211 Providence Dr., Anchorage 99508
UAS: Personnel Services: Bill Ray Ctr 208, 11120 Glacier Hwy, Juneau 99801
UAF: HR, Box 757860, 3295 College Rd., Fairbanks 99775-7860

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/, or contact your MAU ethics representative for more information about Ethics Act Responsibilities.