



OFFICE OF THE PRESIDENT  
 EMPLOYEE RELATIONS  
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680  
 Phone (201) 684-7504 Fax (201) 684-7508  
 www.ramapo.edu

**OUTSIDE ACTIVITY QUESTIONNAIRE**

**PLEASE NOTE: The Outside Activity Questionnaire MUST be completed by ALL EMPLOYEES whether or not there is outside employment or activity. INCOMPLETE OR OUT OF DATE FORMS WILL NOT BE ACCEPTED.**

Name: \_\_\_\_\_ Telephone/Ext: \_\_\_\_\_

Date: \_\_\_\_\_ Full-Time:  Part-Time:  Email: \_\_\_\_\_

Division:  Academic Affairs  Administration & Finance  Enrollment Management/Student Affairs  Institutional Advancement  
 Unit: \_\_\_\_\_ Title: \_\_\_\_\_

Job Duties: (briefly describe) \_\_\_\_\_  
 \_\_\_\_\_

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**  (Answer questions 2 through 9)  
**NO**  (Answer questions 4 through 9)

**Managers MUST obtain approval through Employee Relations PRIOR to beginning outside employment.**

2. Name of outside employer/business (Please indicate if you are an owner, partner or corporate officer):  
 \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_

Description of responsibilities: \_\_\_\_\_

Number of days worked per week: \_\_\_\_\_

Hours worked: Per day: \_\_\_\_\_ Per week: \_\_\_\_\_

Is your current or proposed outside employment or business being performed for or with any other College employee or official? **YES**  (if yes, name and title) \_\_\_\_\_ **NO**

Do you have a supervisor-subordinate relationship with this person? **YES**  **NO**   
 If yes, please explain: \_\_\_\_\_

Does/will your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders? **YES**  **NO**

If yes, please explain (provide name of agency, vendor, consultant or casino license holder you will have contact with and the nature of those contacts): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. In your current or proposed outside employment or business, do you or will you contract with or receive compensation for 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 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**

4. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? **YES**  **NO**

If Yes type of license: \_\_\_\_\_

License issue date: \_\_\_\_\_ **Active**  **Inactive**

5. Do you currently hold or plan to hold outside voluntary positions? **YES**  **NO**

If yes, please explain: \_\_\_\_\_

Does this position require you to have contacts with any New Jersey State agency? **YES**  **NO**

If yes, please explain: \_\_\_\_\_

6. Are you an officer in any professional, trade or business organization? **YES**  **NO**

If yes, please explain and give name of organization: \_\_\_\_\_  
\_\_\_\_\_

7. Are you serving in any public office, or considering appointment or elections to any public office?

**YES**  **NO**

Type of elective/appointive position AND location: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Number of hours engaged in elective/appointive activity: Per day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

8. Do you have 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 please indicate the following:**

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

Nature of ownership interest in partnership, corporation or other entity ownership and extent of ownership interest: \_\_\_\_\_

Identify the State agency(ies) with which the entity does business, receives funding or is regulated: \_\_\_\_\_  
\_\_\_\_\_

9. Are you or any member of your immediate family\* employed by a New Jersey casino licensee or applicant for a N.J. casino license? (Immediate family means spouse, child, parent or sibling residing in your household): **YES**  **NO**

Family Member's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Casino Name: \_\_\_\_\_

Position held: \_\_\_\_\_

