



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 INCOMPLETE OR OUT OF DATE FORMS WILL NOT BE ACCEPTED.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 EMSA Institutional Advancement President's Office

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 or 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: _____

Identity of 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: _____

I certify that the above employment, if any, does not:

- a) Constitute a conflict of interest,
- b) Occur at a time when I am expected to perform my work for Ramapo College,
- c) Diminish my efficiency in performing my work at Ramapo College

I further certify that this questionnaire contains no willful misstatement or fact or omission of material facts and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

Employee Signature

Date

Employee signs and forwards the form to the Unit head for review and signature PRIOR to forwarding to Employee Relations.

UNIT HEAD DECISION Approved Disapproved

Unit Head Name (Print): _____

Signature: _____

Date

Comments:

Unit Head reviews, signs and forwards form to the Office of Employee Relations.

ETHICS LIAISON OFFICER DECISION Approved Disapproved

ELO Name (print): _____

Signature: _____

Date

Comments:

Notification of decision provided to employee on: _____

Date

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.