

Staff/Student 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: _____
UA Job Title: _____
Department: _____
Supervisor: _____

Check primary job category:

Check primary job status:

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

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

4. 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 personal 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 Signature

Date

Forward to your director/supervisor for review and signature after staff signature.

I, (Director/ Supervisor, print your name and indicate whether the activity may adversely affect university duties)

_____, have reviewed this disclosure. 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 to the right.)

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: HR, Box 757860, 3295 College Rd., Fairbanks 99775-7860