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: UA Job Title:			
Check 1	orimary job category:	<u> </u>	
Check j	primary job status:		
Describ	e the outside activity (attach additiona	al sheets as necessary) including:	
1.	Name of outside employer/organization		
2.	Hours/days of the week required		
3.	How it affects University duties/hours		
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?yesno. Will you deal with people or entities with whom you deal as a university employee?yesno. If you answered yes to either question, please explain in detail:		
I unde	rstand that:		
1. 2. 3. 4. 5.	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; I may not take or withhold official action in order to affect a matter in which I have a personal or financial interest; I am obligated to declare any potential violation of the Ethics Act on a separate form; and I must report any change in my outside activity, when it occurs, and at least once each year on or before JULY 1. 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.		
additio		nowledge, my disclosure statement is true, correct an submission of a false statement is punishable under a supervisor.)	
Staff/St	udent Employee Signature	Date	
Forw <i>a</i>	ARD TO YOUR DIRECTOR/SUPERVISOR	FOR REVIEW AND SIGNATURE AFTER EMPLOYEE SIG	GNATURE.
I, (Dire Indicat may ha the prop	ctor/ Supervisor, print your name) e whether the activity may adversel we an adverse effect on the employee's	, have reviewed y affect university duties. The outside activity: (che s usual university duties or duty hours or otherwise becies. I have attached any additional documentation red	ed this disclosure. ck one) has no adverse effect, e incompatible or in conflict with
Director/Supervisor Signature		Date	UAA: HR Services; Administration Bldg. 125, 3211 Providence Dr., Anchorage 99508
Forwai	RD TO THE HUMAN RESOURCES DIRECTOR	AT YOUR MAU FOR REVIEW AND APPROVAL. SEE LIST	UAS: Personnel Services: Bill Ray Ctr 208, 11120 Glacier Hiwy, Juneau 99801

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.

MAU Ethics Representative Signature

Date

UAF: HR, Box 757860, 3295 College Rd.,

Fairbanks 99775-7860