

**Disclosure of Employment or Services Outside of the University of Alaska**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Last First M.I.

As a "public employee" I acknowledge I am subject to the Alaska Executive Branch Ethics Act (AS 39.52.010-960). In accordance with AS 39.52.170(b), I hereby report my employment or provision of services outside of the **following Unit and Department:** \_\_\_\_\_

This Outside Activity, including the hours and days of week devoted to the Outside Activity, and how, if at all, it affects my usual University duties or duty hours or may otherwise be incompatible or in conflict with the proper performance of my duties, is described below (attach additional sheets if necessary). **Note: If your outside job duties are similar or related to your University service, or if you will be dealing with people or entities with whom you deal as part of your University duties, you must explain why no potential conflict exists between your outside employment and your official duties. If you work as an independent contractor or a consultant, please attach a list of your clients.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Circle the appropriate classifications below: (or check box)**

<b>Faculty:</b>	Regular	Adjunct	Affiliate	Visiting
<b>Staff:</b>	Classified	APT	Student	Officer/Senior Administrator
	Full Time Reg.	Part Time Reg.	Full Time Temp.	Part Time Temp.
<b>Campus:</b>	UAA	UAF	UAS	System Office

I understand that: 1) for any Outside Activity I perform for compensation, 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 to refrain from taking official action on that matter until a determination is made as provided in AS 39.52.210; 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. **I certify that to the best of my knowledge, this statement is true, correct and complete. I understand that, in addition to any other penalty or punishment that may apply, if I submit a false statement that I do not believe to be true, I am punishable under AS 11.56.200-240.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit forms to your Dean/Department Head/Supervisor**

I have reviewed this disclosure and **circle one** *AGREE DISAGREE* that the Outside Activities described above will not adversely affect 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 understand I am to use the reverse side of this form or attached additional information to document measures taken to avoid or correct potential Ethics Act violations and/or noted special areas of concern.

Signature: \_\_\_\_\_  
Dean/Director/Supervisor Date

**Please forward this form to your Campus Ethics Representative as follows:**

UAA--Director of Human Resource Services	UAF--Vice Chancellor for Administrative Services
UAS--Vice Chancellor for Administrative Services	System Office--General Counsel's Office

Signature: \_\_\_\_\_  
Campus Ethics Representative Date

Signature: \_\_\_\_\_  
University of Alaska Designated Ethics Supervisor Date

Receipt of this disclosure of Outside Activity is acknowledged with the understanding that this Outside Activity will in no way detract from or be incompatible with or in conflict with the proper performance of your duties and responsibilities as an employee of the University of Alaska.