



Outside Employment Employee Request and Agency Response Form

Employee Name (printed) Title Personnel Number

Section I: Public Employment Information

Cabinet Department Office/Division Branch Section

Supervisor Name Supervisor Title

Work Schedule

Hours per Day Workday Begins Workday ends Days of the Week Hours per Week

I have attached a copy of the following:

- My Latest Personnel Action Notification (PAN) My Current Position Description

I am requesting approval for the following:

- Outside Employment (Including self-employment and work as independent contractor)

Section II: Outside Employment Information

Name of Employer Type of Business

Business Address City State Zip Code

Supervisor Name Supervisor Title Phone

Job Title Hire Date Planned Termination Date (if applicable)

Description of Job Duties

Work Schedule

Hours per Day Workday Begins Workday ends Days of the Week Hours per Week

Section III: It is recommended that employee seeks assistance from an agency representative with knowledge of contractual information when answering the questions below.

Description of contracts between the outside employer and the employee's state agency:

Description of regulatory relationship between the outside employer and employee's state agency:

Specific factors which separate the employee's state job from the agency's decisions concerning the outside employer:

Employee Name

Title

Personnel Number

Section IV: Employee Statement

I formally request approval of off-duty employment with the aforementioned employer. As a public servant with the aforementioned job title, I am not involved in the Cabinet's or Department's decisions concerning the aforementioned employer. If this request is approved, I agree that if, in the future, I realize that I will be involved in such decisions, I will immediately notify my appointing authority (or his/her designee) and take steps to avoid any conflict of interest. Additionally, I understand that my outside employment cannot conflict with my work schedule or my job duties as an employee of the Commonwealth.

Further, I certify that my off-duty employment will not present an actual or perceived conflict of interest with my work schedule and official duty for the state. If the cabinet determines that there is an actual or perceived conflict, I will be advised in writing by the ethics officer within 10 days from the date that I submit this request to my immediate supervisor. I understand that if the scope of my present agency employment, or of my outside employment changes, it is my duty to submit an updated version of this form for reconsideration.

Requesting Employee's Signature

Title

Date

Subscribed, sworn, and acknowledged before me by _____ this the
_____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

Section V: Supervisor Certification

I have reviewed the information provided by the employee and believe to the best of my knowledge that it is true and correct.

Supervisor Signature

Title

Date

Section VI: Ethics Officer Recommendation (if required by agency)

I have reviewed the information provided by the employee and based upon the factors contained in 9 KAR 1:050, Section 2, I:

Recommend Approval of Request

Recommend Denial of Request

Ethics Officer Signature

Title

Date

Section VII: Appointing Authority Determination

As appointing authority for the agency, I have reviewed the request and considered, as applicable, the degree of separation between the public servant's state duties and decisions concerning the outside employer; the public servant's level of supervisory or administrative authority, if any; and whether the outside employment will interfere or conflict with the public servant's state employment duties; the duration of the outside employment; whether the outside employment would create an appearance of conflict of interest with state duties; and whether the public servant is an auditor, inspector or other regulatory personnel of a division which is currently auditing, inspecting or reviewing or has scheduled an audit, inspection or review of the outside entity for which the public servant requests approval to work.

As appointing authority for the aforementioned agency, I certify that as a public servant in the aforementioned job title, the aforementioned employee is not involved in this agency's decisions concerning the aforementioned outside employer. His/her off-

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duty employment by the aforementioned outside employer, in my opinion, will not create a real or perceived conflict of interest which would damage public confidence in government; and that I approve such off-duty employment.

Appointing Authority (or Designee)

Title

Date