



OUTSIDE ACTIVITY QUESTIONNAIRE

Name: _____

Work Address: _____

Division: _____

Department: _____ Telephone Number: _____

Personnel or Civil Service Title: _____ Functional Title (if different): _____

Job Duties: _____

1. Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your University employment?

If Yes, you must answer question 2.

Yes No

2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer.

Address: _____

Type of Business: _____

Describe responsibilities: _____

Outside Employment (please specify): Days Worked: Per Week: _____

Hours Worked: Per Day _____ Per Week: _____

Is your employment or business being performed for or with any other University employee or official?

Yes No

Name of employee or official and title: _____

Does 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, explain. _____

3. 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 _____

When was the license issued: _____ Active Inactive

4. Do you currently hold or plan to hold outside voluntary position(s)?

Yes No

If yes, explain _____

5. Are you an officer in any professional organization?

Yes No

If yes, explain _____

6. Are you serving in any public office, or considering appointment or election to any public office?

Yes No

What is the type of elective/ appointive position? _____

What are your duties? _____

Hours engaged in elective/ appointive activity: _____

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the University or the State of New Jersey or directly or indirectly receiving funding from the State?

Yes No

Family Member's Name _____

Nature of Employment _____

Duration: Permanent Temporary

8. Are any members of your immediate family employed by a New Jersey casino or an applicant for a New Jersey casino license?

Yes No

Family Member's Name _____ Relationship: _____

Name of Casino: _____

I, _____, (Print Name) certify that this questionnaire contains no willful misstatement of fact nor omission of material fact and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

Signature of Employee

Date

Immediate Supervisor (check one)

Approved **Disapproved***

**If disapproved, is the disapproval based upon: (check one)*

managerial/operational considerations, or

conflict of interest?

Comments and/or reason for disapproval:

Signature: _____
Date: _____

University Ethics Liaison Officer (check one)

Approved **Disapproved**

Comments and/or reason for disapproval:

Signature: _____
Date: _____

Please provide the employee with a copy of the Approval/Disapproval Form.