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NEW YORK STATE JOINT COMMISSION ON PUBLIC ETHICS 540 BROADWAY ALBANY, NEW YORK 12207 (518) 408-3976 WWW.JCOPE.NY.GOV

OUTSIDE ACTIVITY APPROVAL FORM

(for Policy Makers, heads of State Agencies and Statewide Elected Officials)

INSTRUCTIONS FOR FILING A REQUEST

Capitalized terms used below are defined in the regulations governing outside activities (19 NYCRR Part 932). The regulations can be found on JCOPE's website. Contact your Approving Authority (generally, your ethics officer) or JCOPE if you have any questions.

Before submitting this form, make sure to discuss your outside activity with your Approving Authority to ensure that it does not violate Public Officers Law §74 and any applicable provisions of Public Officers Law §73.

- 1. This form MUST be completed in its entirety, including: (i) your signature; and (ii) the signature of your Approving Authority.
- 2. The following additional information MUST be included as a separate attachment to this form. (The information can either be supplied by you or, if appropriate, be contained in a memorandum from your Approving Authority): (i) a description of your State job responsibilities; and (ii) a detailed description of your outside activity, including the type of work to be performed, and the following:
 - (a) The number of hours of work per week, as well as the times and days when the work will be performed;
 - (b) Whether the outside activity involves a person or entity that does business with, seeks to do business with, has recently done business with, applied for or receives funds from, or is regulated by your agency or any other State agency;
 - (c) An explanation as to why the outside activity does not present a conflict with your State job responsibilities.
- 3. Email the completed Approval Form, including all attachments, as one PDF file to ICOPE@ICOPE.NY.GOV. In the subject line of the email, write "Outside Activity Approval Request."

REMINDER: UNDER PUBLIC OFFICERS LAW §73-a, MOST OUTSIDE ACTIVITIES THAT GENERATE MORE THAN \$1,000 ANNUALLY MUST BE REPORTED ON YOUR ANNUAL FINANCIAL DISCLOSURE STATEMENT

NAME (Last, First)		TITLI	E
STATE	AGENCY		
STATE	AGENCYADDRE	SS	
WORK PHONE #		WORK EMAIL ADDRESS	
1. Thi	is is a request fo	r approval of the following: (check all that apply)	
[]		ent (including public employment), or business venture the Compensation annually.	nat generates, or is expected to generate, more
[]	[] Holding an elected or appointed public office, whether or not you receive Compensation.		
[]	[] Serving as a director or officer of a for-profit entity, whether or not you receive Compensation.		
[]	Serving as a dir in Compensatio	ector or officer of a not-for-profit entity from which you renamed annually.	eceive, or expect to receive, more than \$5,000
OUT	TSIDE ACTVITY	ritle:	
NAN	ME OF ENTITY /	EMPLOYER:	
SIGNATURE OF REQUESTING EMPLOYEE		TING EMPLOYEE	DATE
		ORITY CONSENT: (The Approving Authority's signature is not re, however, consult with their ethics officers prior to submitting this form	•
Public	Officers Law; JCC	e above-stated outside activity, having determined that DPE (and predecessor agencies') Advisory Opinions; this apployee conduct; and other factors.	
SIG	NATURE OF A	PPROVING AUTHORITY	DATE
NAME (print):		TITLE:	
EMAIL ADDRESS:		РН	ONE #: