



The College of New Jersey

State of New Jersey Outside Activity Questionnaire

Please submit this form to your immediate supervisor no later than November 21, 2005. Supervisors submit this form to your Cabinet Member no later than November 28, 2005, and Cabinet Members submit it to the Ethics Liaison Officer no later than December 2, 2005. Thank you.

Name (please print): _____

Work Address: _____

Department: _____

Campus Telephone extension: _____ Position Title: _____

General 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 employment at The College of New Jersey? YES _____ NO _____
(If Yes, you must answer question number 2.)

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: _____

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 or inactive? _____

4) Do you currently hold or plan to hold outside voluntary position(s)? YES _____ NO _____

If yes, please explain. _____

5) Are you an officer in any professional organization? YES _____ NO _____

If yes, please explain. _____

6) Are you serving in any public office, or considering appointment or election to any public office? Y/N _____

What is the type of elective/appointive position? _____

What are your duties? _____

Hours engaged in elective/appointive activity: Per Day: _____ Per Week: _____ Per Month: _____

I 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.

Printed name of Employee

Signature of Employee

Date

Immediate Supervisor: (CIRCLE ONE) APPROVE DISAPPROVE *

Signature: _____ Date: _____

* Comments and/or reason for disapproval: _____

Cabinet Member: (CIRCLE ONE) APPROVE DISAPPROVE *

Signature: _____ Date: _____

* Comments and/or reason for disapproval: _____

Ethics Liaison Officer: (CIRCLE ONE) APPROVE DISAPPROVE *

Signature: _____ Date: _____

* Comments and/or reason for disapproval: _____

