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: ______________________________________

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