

# Disclosure of Employment or Services Outside of the University of Alaska

"Public Employees," including employees of the University of Alaska, are subject to the Alaska Executive Branch Ethics Act (AS 39.52.010-960).

**Step 1: To be completed by all employees with Outside Activities.**

Printed Name: \_\_\_\_\_ UA Job Title: \_\_\_\_\_

MAU/Campus: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Circle primary classification(s) within your Faculty OR Staff categorization:**

FACULTY: Circle one from each gray box		STAFF: Circle one from each white box	
ACCFT United Academics- AAUP/AFT Adjunct Non-represented	Regular: Full Time Regular: Part Time Temporary: Full Time Temporary: Part Time	Exempt/Salary Non-Exempt/Hourly Local 6070 Student Employee Executive	Regular: Full Time Regular: Part Time Temporary: Full Time Temporary: Part Time

**Step 2: Describe the Outside Activity, including:** hours/days of week required and how it affects University duties/hours; incompatibilities or conflicts with performance of duties. If your outside job duties are similar or related to University duties or you may be dealing with people or entities with whom you deal as part of your University duties, you must not engage in the activity or take official action on related matters until a determination is made as provided in AS 39.52.210. *(Attach additional sheets as necessary.)*

---



---



---

I understand that: **1)** for any Outside Activity, no University owned/operated facilities, supplies, equipment and/or vehicles (including personnel time or effort) may be utilized in any manner; **2)** I may not take or withhold official action in order to affect a matter in which I have a personal or financial interest; **3)** I am obligated to declare any potential violation of the Ethics Act on a separate form; and **4)** I must report any change in my Outside Activity, when it occurs, and at least once each year on or before July 1. **I certify that to the best of my knowledge, my disclosure statement is true, correct and complete. I understand that, in addition to any other sanction that may apply, submission of a false statement is punishable under AS 11.56.200-240.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: Forward to dean/director/supervisor for review and signature. Report changes as they occur.**

**Step 4: To be completed by dean/director/supervisor.**

I, (print supervisor name) \_\_\_\_\_ have reviewed this disclosure. As indicated below, the Outside Activities described above will or will not adversely affect the employee's usual University duties or duty hours or otherwise be incompatible or in conflict with the proper performance of the employee's duties. I have attached any additional documentation required, including measures taken to avoid or correct potential Ethics Act violations and/or special areas of concern.

**No adverse effect.**                       **Adverse effect possible. Form should receive further review.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 5: Forward completed form to your Campus Ethics Representative:**

See <http://www.alaska.edu/labor/indexes/ethics.html>, or contact your Campus Ethics Representative for more information about Ethics Act responsibilities.

**UA System/SW:** Office of General Counsel; Butrovich 203, PO Box 755160, Fairbanks, AK 99775  
**UAA:** HR Services; Administration Bldg. 125, 3211 Providence Drive, Anchorage, AK 99508  
**UAF Staff:** Vice Chancellor Admin. Services; ASC 206, PO Box 757900, Fairbanks, AK 99775  
**UAF Faculty:** Office of the Provost; SIH 310, PO Box 757580, Fairbanks, AK 99775  
**UAS:** Personnel Services; Bill Ray Center 208, 11120 Glacier Highway, Juneau, AK 99801

Campus Ethics Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 6: Forward signed form to the UA Designated Ethics Supervisor, c/o Office of the General Counsel.**

UA Designated Ethics Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_