

STATE OF NEW JERSEY OUTSIDE ACTIVITY QUESTIONNAIRE

Name: _____

Work Address: _____

Department: _____

Telephone: _____ **Fax:** _____

Job Duties: _____

1. Are you currently engaged in, or planning to engage in, any business, trade, profession and/or part-time or full-time employment outside of or in addition to your NJIT 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. Please use additional sheets if needed.

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 NJIT employee or official?

Yes _____ No _____

If so, 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 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, trade or business 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, holding an interest in any firm or entity performing any service for the NJIT, directly or indirectly receiving funding from the State or regulated by 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 NJ casino license? Immediate family means a spouse, child, parent, or sibling residing in your household.

Yes _____ No _____

Family Member's Name _____ Relationship _____

Name of Casino: _____

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.

Signature of Employee Date

Immediate Supervisor (check one)

Approved _____ Disapproved _____

Comments and/or reason for disapproval: _____

Supervisor's Signature: _____

Printed Name: _____ Date _____

Ethics Liaison Officer (check one)

Approved _____ Disapproved _____

Comments and/or reason for disapproval: _____

Ethics Liaison Officer's Signature _____ Date _____

Please provide the employee with a copy of the Approved/Disapproved Form.