



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

(July 2015)

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 JCOPE@JCOPE.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) _____ **TITLE** _____

STATE AGENCY _____

STATE AGENCY ADDRESS _____

WORK PHONE # _____ **WORK EMAIL ADDRESS** _____

1. **This is a request for approval of the following:** (check all that apply)

- A job, employment (including public employment), or business venture that generates, or is expected to generate, more than \$5,000 in Compensation annually.
- 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 director or officer of a not-for-profit entity from which you receive, or expect to receive, more than \$5,000 in Compensation annually.

OUTSIDE ACTIVITY TITLE: _____

NAME OF ENTITY / EMPLOYER: _____

SIGNATURE OF REQUESTING EMPLOYEE _____ **DATE** _____

2. **APPROVING AUTHORITY CONSENT:** (The Approving Authority's signature is not required for Statewide Elected Officials and heads of State Agencies. Such persons should, however, consult with their ethics officers prior to submitting this form to JCOPE.)

I give my consent to the above-stated outside activity, having determined that this request is appropriate, considering the Public Officers Law; JCOPE (and predecessor agencies') Advisory Opinions; this agency's applicable policies, procedures, or regulations governing employee conduct; and other factors.

SIGNATURE OF APPROVING AUTHORITY _____ **DATE** _____

NAME (print): _____ **TITLE:** _____

EMAIL ADDRESS: _____ **PHONE #:** _____