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### Outside Activities Form

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## Outside Activities Form

### Abstract

Any State Officer or Special State Officer must fill out an Outside Activities questionnaire (OAQ) when they are hired. They must update the form, or submit a new one, every three years. If they add an Outside Activity before the three year mark it is their responsibility to update their form. The Ethics Liaison Officer (ELO) keeps an ongoing spreadsheet of all employees who have submitted their OAQ and continually sends out email blasts and reminders to the campus community. As of December 2019, Kean University had 79% of all staff and faculty complete their OAQ.

### Keywords

Standard II, Hire, Faculty, Staff

**New Jersey State Ethics Commission  
Outside Activity Questionnaire**

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Bureau: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Civil Service Title: \_\_\_\_\_ Functional Title (If different): \_\_\_\_\_

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, paid or unpaid, outside of or in addition to your State employment?

Yes  No

If no, skip to question 6.

2) Name of Outside Employer(s) or Business(es).

Please indicate if you are an owner, partner, or corporate officer.

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of responsibilities: \_\_\_\_\_

Specify Days Worked Per Week (i.e. Mon., Tues., Wed., etc.):

Work Hours: \_\_\_\_\_

3) Is your current or proposed outside employment or business being performed for or with any other employee(s) or official(s) of your State agency?

Yes  No

If yes, name and title of employee(s) or official(s). \_\_\_\_\_

Do you have a supervisor-subordinate relationship with this person(s)?

Yes  No

If yes, explain.

4) Does or will your outside employment or business require/cause you to have contacts with any NJ State agencies, vendors, consultants or casino license holders?

Yes  No

If yes, explain, providing name of the agency, vendor, consultant or casino license holder you will have contacts with, and the nature of those contacts.

5) In your current or proposed outside employment or business do you or will you contract with or receive compensation from any New Jersey State agency?

Yes  No

If yes, indicate name of State agency and attach a copy of the contract. If no contract exists, provide a description of your business arrangement with the State agency.

If you have a contract with the State, did you receive the approval of the State Ethics Commission prior to entering into the contract?

Yes  No

6) Do you hold a license issued by a New Jersey 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? \_\_\_\_\_

Is the license active? \_\_\_\_\_

7) Do you currently hold, or plan to hold, any outside voluntary position(s)?

Yes  No

If yes, explain.

Does this position require you to have contacts with any New Jersey State agency?

Yes  No

If yes, explain.

8) Are you an officer in any professional, trade, business or other organization?

Yes  No

If yes, explain.

9) Are you serving in any public office, or considering appointment or election to any public office?

Yes  No

If yes, what is the position and where is it located? \_\_\_\_\_

What are the duties of the position? \_\_\_\_\_

Hours engaged in the elective/appointive office? \_\_\_\_\_

10) Do you have an ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for a New Jersey State agency, (b) directly or indirectly receiving funding from a New Jersey State agency, or (c) regulated by a New Jersey State agency?

Yes  No

If yes, for each indicate the following:

Name of employer, partnership, corporation or other entity in which you hold an ownership interest.

Nature of ownership interest in the partnership, corporation or other entity, and extent of ownership interest.

Identity of the State agency(ies) with which the entity does business, receives funding, or is regulated.

11) Are you or any members of your immediate family\* employed by a New Jersey casino licensee or applicant for a N.J. casino license?  Yes  No

\*Immediate family means a spouse, child, parent, or sibling residing in your household.

If yes, state:

Family Member's name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Casino: \_\_\_\_\_

Position Held: \_\_\_\_\_

I certify that this questionnaire contains no willful misstatement of fact or omission of a material fact. I understand that should my State employment and/or outside activity change, I am required to promptly submit a new Outside Activity Questionnaire.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Decision of Immediate Supervisor:**

Approved     Disapproved

Print Name of Immediate Supervisor: \_\_\_\_\_

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

Comments:

**Decision of Ethics Liaison Officer:**

Approved     Disapproved

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

Comments:

Notification of decision was provided to employee on: \_\_\_\_\_

( Date )

**NOTE: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission within 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.**