OUTSIDE EMPLOYMENT/VOLUNTEER ACTIVITY

Name __________________________ Facility/office __________________________ Phone number __________________________

Department job title __________________________ Hours worked per week __________________________ Address/mail stop __________________________

REQUEST INFORMATION

Employees/contract staff will obtain approval from the Appointing Authority/Human Resources Director for all outside employment, volunteer activities, and honorariums which presents a potential conflict of interest with the Department per DOC 850.025 Outside Employment/Volunteer Activities.

Employees/contract staff serving as a Department volunteer will follow DOC 530.100 Volunteer Program.

☐ I am currently engaged in an outside employment/volunteer activity
☐ I plan to become engaged in an outside employment/volunteer activity.
☐ I have been offered an honorarium for a one-time presentation
☐ There has been a change in duties/activities for a previously approved outside employment/volunteer activity
☐ My previously approved outside employment/volunteer activity has terminated effective on ________

Outside business/organization __________________________ Address __________________________ Phone number __________________________

Job/volunteer title __________________________ Estimated hours per week __________________________ Effective date __________________________

Describe the outside employment/volunteer activity or honorarium: __________________________________________________________

__________________________________________________________

COMPLETE FOR OUTSIDE EMPLOYMENT/VOLUNTEER ACTIVITY REQUESTS

Does the outside employment/volunteer activity:

1. Have duties/assignments similar/related to your official duties? ☐ Yes ☐ No
2. Contract with or use the services of the Department? ☐ Yes ☐ No
3. Have operations regulated by the Department? ☐ Yes ☐ No
4. Require disclosure of confidential information? ☐ Yes ☐ No
5. Require approval from the Executive Ethics Board per RCW 42.52.120? ☐ Yes ☐ No
6. Involve Department employees/contract staff in the chain of command? ☐ Yes ☐ No
7. Involve individuals under the Department’s jurisdiction, their family members, or known associates, except as defined in DOC 530.100 Volunteer Program or the employee’s position description? ☐ Yes ☐ No
8. Provide an opportunity to influence the relationship between the employer/organization and the Department? ☐ Yes ☐ No

Describe “Yes” answers, which indicate a potential conflict of interest: __________________________________________________________

__________________________________________________________

DOC 03-026 (Rev. 06/23/21)  Page 1 of 2  DOC 850.025
COMPLETE FOR HONORARIUM REQUESTS

Is the honorarium being offered by a person/organization:

1. Seeking or expected to seek a contract with the Department? □ Yes □ No
2. Regulated by the Department? □ Yes □ No
3. Likely to seek/oppose legislation/policy changes influencing the Department? □ Yes □ No

Describe “Yes” answers, which indicate a potential conflict of interest: ____________________________________________________________

________________________________________________________

ACKNOWLEDGMENT

I have read and understand DOC 850.025 Outside Employment/Volunteer Activities. I understand this request will be made a part of my personnel file.

Employee/contract staff signature Date

SUPERVISOR RECOMMENDATION

For represented employees, refer to the appropriate collective bargaining agreement.

Recommendation: □ Approved □ Denied

Comments (include reason for denial or conditions of approval, if applicable): __________________________________________________________

________________________________________________________

Supervisor Signature Date

APPOINTING AUTHORITY/HUMAN RESOURCES DIRECTOR DECISION

Questions may be submitted to the Audit Director/Ethics Advisor.

□ Approved □ Denied

Comments (include reason for denial or conditions of approval, if applicable): __________________________________________________________

________________________________________________________

Appointing Authority/Human Resources Director Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Personnel file
COPY - Appointing Authority/Human Resources Director, Employee/Contract Staff