

KETCHIKAN GATEWAY BOROUGH - Ethics Disclosure Form

OUTSIDE WORK

Per KGB Title 3 Personnel Code, 3.15.050 (Outside Work) (b): The Borough Manager shall notify the employee in writing if such outside employment of self-employment will detract from the employee's performance or create a conflict of interest or the appearance of a conflict of interest. A conflict of interest or the appearance of a conflict of interest shall be deemed to exist where a reasonable and prudent person would believe that such employment would conflict with the best interests of the Borough [Ord. No. 956B §1, 5-1-95. Code 1974 §30.30.021]

ATTN: Borough Manager and

Department Manager/Supervisor's Name

Department

As an employee of the Ketchikan Gateway Borough, I am providing notice of outside employment as required by KGB Title 3 Personnel Code, 3.15.050, Outside Work (a): *Employees must notify the Borough Manager before accepting outside employment or becoming self-employed. A conflict of interest shall be deemed to exist where a reasonable and prudent person would believe that such employment would conflict with the best interest of the Borough. Such notification shall be in writing.*

This outside employment consists of the following (describe in detail type of work, schedule, identify employer) attach a separate sheet if needed:

How many hours do you expect to be working in this position a week/month?: _____

I believe this work does _____ or does not _____ conflict in any way with my Borough employment. Explanation provided:

I certify that I will not use or allow the use of any Borough owned/operated facilities, supplies, equipment, vehicles or paid borough time and effort for any employment outside Borough service and that my outside duties will not affect my Borough duties or work hours in this Department. I certify, to the best of my knowledge, that my statement is true, correct and complete.

Employee's Signature

Date

Employee's Printed Name

Department

Position Title

Department Manager/Supervisor's RECOMMENDATION:

APPROVE DISAPPROVE (attach justification for disapproval)

Department Supervisor's Signature

Date: _____

Borough Manager's DETERMINATION:

APPROVE

DISAPPROVE

CONDITIONED

Comments:

Date: _____

Signature _____