



State of New Jersey  
 Department of the Treasury  
 Office of Ethics Compliance  
**Outside Activity Form**



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

**Work address:** \_\_\_\_\_

**Work E-mail address:** \_\_\_\_\_

**Division/Bureau:** \_\_\_\_\_ **Office phone:** \_\_\_\_\_

**Civil Service title:** \_\_\_\_\_ **Functional title (if different):** \_\_\_\_\_

**Job duties:**

**Specify State work hours:**

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

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).

Indicate if you are an:  Owner  Partner  Corporate Officer  N/A

**Name of Business:** \_\_\_\_\_

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

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

**Description of responsibilities:**

**Specify days and times worked per week (ie, Mon., Tues., Wed, etc.):** \_\_\_\_\_

3) Is your current proposed outside employment or business being performed for or with any other employee(s) or official of your State agency?  Yes  No

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

Do you have 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 or applicants<sup>1</sup>, medical cannabis permit holders, applicants, or entities<sup>2</sup>, or personal use cannabis license holders, applicants, or entities<sup>3</sup>?  Yes  No

If yes, explain, providing name of the agency, vendor, consultant, casino license holder, medical cannabis permit holder, applicant, or entity, or personal use cannabis license holder, applicant, or entity you will have contacts with, and the nature of those contacts:

1. Casino license holder or applicant means holder of, or an applicant for, a casino license or in any holding or intermediary company with respect thereto, as defined by the "Casino Control Act," P.L.1977, c. 110 (C.5:12-1 et seq.). It may also include any holder of, or applicant for, a license, permit, or other approval to conduct Internet gaming, or any holding or intermediary company with respect thereto; any Internet gaming affiliate of any holder of, or applicant for, a casino license, or any holding or intermediary company with respect thereto; or any business, association, enterprise, or other entity that is organized, in whole or in part, for the purpose of promoting, advocating for, or advancing the interests of the Internet gaming industry generally or any Internet gaming-related business or businesses in connection with any cause, application, or matter.
2. Medical cannabis permit includes a medical cannabis cultivator permit, medical cannabis manufacturer permit, medical cannabis dispensary permit, or clinical registrant permit; medical cannabis entities may also include medical cannabis permit holders or applicants, any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, or any holding or intermediary company with respect thereto.
3. Personal use cannabis license includes a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service license; personal use cannabis entities may also include personal use cannabis license holders or applicants, any entity that employs or uses a certified personal use cannabis handler to perform work for or on behalf of a licensed cannabis establishment, distributor, or delivery service, or any holding or intermediary company with respect to thereto.

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, permit, registration, certification, certificate or commission 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, permit, registration, certification, certificate or commission.

When was the license, permit, registration, certification, certificate or commission issued?

\_\_\_\_\_

Is the license, permit, registration, certification, certificate or commission active?

Yes  No

7) Do you currently hold, or plan to hold, any outside voluntary positions?

Yes  No

If yes, what is the position and what are your duties?

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

Yes  No

If yes, explain.

8) Do you hold a leadership role in any professional, trade, or other organization?

Yes  No

If yes, what is the position and what are your duties?

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

If yes:

Yes  No

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

10) Do you, or any member of your immediate family\*, have any ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for an 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:  Self  Family Member

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

Relationship: \_\_\_\_\_

Name of employer, partnership, corporation or other entity in which you, or your family member, hold an ownership:

\_\_\_\_\_

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

\_\_\_\_\_

Identity of the State agency(ies) with which the entity does business, received funding, or it regulated:

\_\_\_\_\_

11) Are you or any members of your immediate family\* employed by a New Jersey casino license or applicant for a NJ casino license?

Yes  No

If yes:  Self  Family Member

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

Relationship: \_\_\_\_\_

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

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

12) Are you or any members of your immediate family employed by a New Jersey medical cannabis permit holder, applicant, or entity??  Yes  No

Immediate family means a spouse, civil union partner, domestic partner, child, parent, or sibling residing in your household.

If yes, state:

13) Are you or any members of your immediate family employed by a New Jersey personal use cannabis license holder, applicant, or entity<sup>3</sup>?  Yes  No

Immediate family means a spouse, civil partner, domestic partner, child, parent, or sibling residing in your household.

If yes, state:

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

Name of Entity: \_\_\_\_\_

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

14) Do you or an immediate family member hold an interest in any casino license holders or applicants<sup>1</sup>, medical cannabis permit holders, applicants, or entities<sup>2</sup>?  Yes  No

If yes, explain, by providing the name of the casino license holder or applicant, medical cannabis permit holder, applicant, entity, or personal use cannabis license holder, applicant, or entity in which you hold an interest, the percentage of your ownership interest and whether the entity is a professional service corporation.

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

I certify that this form 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 are required to promptly submit a new OutsideActivity Form.

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

\_\_\_\_\_  
Date

Immediate Supervisor (check one):       Approve       Disapproved

Comments and/or reason for disapproval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Division Ethics Representative (check one):**

Approved  Disapproved

**Comments and/or reason for disapproval:**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Director/Administrator/Agency Head (check one):**

Approve  Disapproved

**Comments and/or reason for disapproval:**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Ethics Liaison Officer (check one):**

Approve  Approved with Condition  Disapproved

**Comments and/or reason for disapproval:**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**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.