



**State of New Jersey  
Department of the Treasury  
Office of Ethics Compliance  
Supervisory Conflicts of Interest Certification**



This certification is made in accordance with the New Jersey State Ethics Commission regulations, *N.J.A.C. 19:61-5.7*, and the Uniform Ethics Code, which prohibits a State officer or employee, or Special State officer, from supervising or exercising authority with regard to personnel actions over a relative\*, or someone with whom I have a consensual personal relationship\*\*. By my signature below, I certify that I have undertaken a review of the employees under my supervision/chain of command and have made the following determination:

**Check One:**

I do not supervise, control or exercise authority with regard to personnel actions over a relative, or someone with whom I have a consensual personal relationship.

I do supervise, control or exercise authority with regard to personnel actions over a relative, or someone with whom I have a consensual personal relationship. (If box is checked, indicate in space provided, name, title and relationship of subordinate who is your relative or with whom you have a consensual personal relationship).

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

**Title:** \_\_\_\_\_

**Division:** \_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\* Relative means an individual's spouse or the individual's or spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, step brother, stepsister and half brother, or half sister, whether the relative is related to the individual or the individual's spouse by blood, marriage or adoption.

\*\* Consensual personal relationship means marriage, cohabitation, engagement, dating and other on-going romantic or sexual relationships.

**Note:** This form should be sent to the Ethics Liaison Officer, PO Box 210 after it is completed, printed and signed. A copy will be placed in the affected employee(s) personnel file.

**Ethics Liaison Officer (check one)**

**Approved**       **Disapproved**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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