



Fairbanks North Star Borough School District Disclosure of Employment or Activities Outside of the District

“Public Employees” including District employees are subject to the Alaska Executive Branch Ethics Act (AS 39.52.101-960). You do not have to complete this form if you have no outside employment or political activities to declare. Outside employment must be declared when the nature of the work is related or similar to your current employment or employer. If you are unsure whether or not to report a potential conflict of interest, discuss the situation with your supervisor for guidance.

Printed Name: _____ School/Department: _____

Job Title: _____ Supervisor: _____

Details of outside activity (attach additional sheets as necessary), including:

Name of outside employer/organization: _____

Description of outside activity and type of compensation received:

Impact on District schedule or hours: _____

Are your outside activities similar or related to your District duties? Yes No

Will you be dealing with people or entities with whom you deal as a District employee? Yes No

If you answered yes to either of these questions, please explain in detail:

Are you currently serving as or actively planning to run for political office? Yes No

I understand that:

1. For any outside activity, no District owned/operated facilities, supplies, equipment and/or vehicles, including personnel time or effort, may be utilized in any manner;
2. I may not take or withhold official action in order to affect a matter in which I have a personal or financial interest;
3. I am obligated to declare any potential violation of the Ethics Act on a separate form;
4. I must report any change in my outside activity when it occurs;
5. If my supervisor feels the outside activity may be incompatible or in conflict with my District duties, I must not engage in the activity or take official action on related matters until a determination is made.

I certify that to the best of my knowledge, my disclosure is true, correct and complete.

Employee Signature _____ (Forward to your supervisor)
Date

I, _____ (print supervisor's name) have reviewed this disclosure to assess whether or not the nature of the disclosure will adversely affect the employee's usual District duties or duty hours or otherwise be incompatible or in conflict with the proper performance of the employee's duties. As a result, my recommendation is as follows:

- No adverse effect, OR
- Adverse effect possible and I am attaching the reasons for this concern, and any conditions I recommend to avoid or correct this adverse effect.

Supervisor Signature _____ (Submit to the Human Resources department.)
Date

Human Resources Signature _____
Date No adverse effect
 Adverse effect (see below)

If adverse effect is determined, the employee will be contacted in writing by the Human Resources outlining the reason for the conflict of interest and required action. Appeals may be made to the superintendent within ten (10) working days of written notification.