

ANNE ARUNDEL COUNTY ETHICS COMMISSION

**Heritage Office Complex
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REQUEST FOR REVIEW OF SECONDARY EMPLOYMENT

This is a request for approval or opinion to engage in secondary employment pursuant to the Public Ethics Law of Anne Arundel County, Section 7-5-102 et seq. Please complete each question below and submit this form via email or fax to the Ethics Commission. After review, you will be notified of the Commission's opinion of your secondary employment request, or if additional information is necessary. Please be as specific as possible in answering all questions fully and attach additional pages if necessary.

Your full name: _____

Email address and phone number: _____

County title/position: _____

County Dept. and/or Agency: _____

County mailing address: _____

County phone number: _____

Supervisor's name and title: _____

Supervisor's email and phone number: _____

Please describe your current County job duties and responsibilities: _____

Proposed secondary employer name and address: _____

Secondary employer supervisor name, email and phone number: _____

Describe generally the business conducted by the secondary employer: _____

State your position and/or title with the secondary employer: _____

Describe in detail your job duties and responsibilities with the secondary employer:

Describe your work schedule and hours per week with the secondary employer:

Is this position permanent or temporary? – if temporary, how long?: _____

Will you be an employee or independent contractor of the secondary employer?:

Describe any special license, training or equipment necessary to do the secondary employment work: _____

Does the secondary employer do any business with Anne Arundel County and/or with your current County department? – if yes please describe: _____

Is the secondary employer regulated or controlled in any way by Anne Arundel County and/or your current County department? – if yes please explain: _____

Will you be working with, supervising or being supervised by any Anne Arundel County employee with your secondary employment position? – if yes please explain:

Do you or any person who you supervise or who supervises you in your County position have a ownership, employment or other economic interest in the secondary employer? – if yes please describe: _____

Will you be using any County property or other resources in the performance of your secondary employment position? – if yes please explain: _____

Please describe any potential ways your secondary employment position could impact or effect your County job duties and responsibilities:_____

Have you discussed your secondary employment position with your County supervisor and has your supervisor approved, disapproved or given no opinion about your secondary employment position? – please explain:_____

OATH AND SIGNATURE

I solemnly swear or affirm under the penalties of perjury that the contents of this statement, including any attachments, are true and correct.

DATE:_____

SIGNATURE:_____

Printed name:_____