



<b>This request is for (check one)</b>	
A separate request for determination is required for each employment or volunteer activity or when any change of duties in the primary employment with the State or other employment/volunteer activity occur.	
<b>Other Employment</b> <input type="radio"/> State Agency <input type="radio"/> Non-State Employer	<b>Volunteer Activity Requiring Determination</b>
<b>PART I - TO BE COMPLETED BY EMPLOYEE (please print or type):</b>	
<b>Employee Name:</b>	<b>OASIS ID #:</b>
<b>Job Classification:</b>	<b>Functional Job Title (If applicable):</b>
<b>Employer (List Agency, Division, Section, and/or Unit, as appropriate):</b>	
<b>Work Location/Mailing Address:</b>	
<b>Work Phone:</b>	<b>Work Email:</b>
<b>Immediate Supervisor:</b>	<b>Supervisor Email:</b>
<b>Description of Primary State Duties and Responsibilities (functional job description)</b>	



<b>Name of Other Employer/Volunteer Organization:</b>	<b>Employer/Business/Activity Type:</b>
<b>Description of Other Employment/Volunteer Duties and Responsibilities - attach additional pages if necessary.</b>	
By signing below, I acknowledge I have read and understand compliance with the Other Employment and Certain Volunteer Activities policy (DOP-P21).	
<b>Employee's Signature:</b>	<b>Date Signed:</b>
<b>PART II - TO BE COMPLETED BY IMMEDIATE SUPERVISOR:</b>	
<b>NO CONFLICT:</b> Forward to appointing authority or designee for final determination.	
<b>POTENTIAL CONFLICT:</b> Describe the potential conflict below and forward to appointing authority or designee for final determination.	
<ul style="list-style-type: none"> <li><input type="radio"/> Use of public office for private gain.</li> <li><input type="radio"/> Association may result in prohibited interest in profits or benefits of state contracts.</li> <li><input type="radio"/> May use confidential State information obtained in course of official duties.</li> <li><input type="radio"/> May conflict with the agency's ratemaking, application, or regulatory functions.</li> <li><input type="radio"/> Constitutes employment by an entity regulate by a State agency.</li> <li><input type="radio"/> Other (please explain below):</li> </ul>	
<b>Immediate Supervisor's Signature:</b>	<b>Date Signed:</b>
<b>Submit to Appointing Authority or Designee</b>	<b>Email:</b>







<b>PART IV – TO BE COMPLETED BY THE APPROPRATE PRIMARY EMPLOYING AGENCY OFFICIAL:</b>	
<b>Mandatory Agency Notifications:</b>	<b>Email Address &amp; Date Notification Made:</b>
Employee	
Employee Supervisor	
Division of Personnel	

NOTE: Agencies may modify this form to include appropriate internal review and approval levels but must retain the specified content and the criteria as defined in the *West Virginia Governmental Ethics Act* (W. Va. Code § 6B-1- 1, et. seq.) and the Division of Personnel's *Administrative Rule*, (W. Va. Code R. § 143 1-1, et. seq.).