



This request is for (check one) 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.	
Other Employment ☐ State Agency ☐ Non-State Employer	Volunteer Activity Requiring Determination
PART I - TO BE COMPLETED BY EMPLOYEE (please print or type):	
Employee Name:	OASIS ID #:
Job Classification:	Functional Job Title (If applicable):
Employer (List Agency, Division, Section, and/or Unit, as appropriate):	
Work Location/Mailing Address:	
Work Phone:	Work Email:
Immediate Supervisor:	Supervisor Email:
Description of Primary State Duties and Responsibilities (functional job description)	



Request for Determination Regarding Other Employment and Certain Volunteer Activity

Name of Other Employer/Volunteer Organization:	Employer/Business/Activity Type:
Description of Other Employment/Volunteer Duties and Responsibilities - attach additional pages if necessary.	
By signing below, I acknowledge I have read and understand compliance with the Other Employment and Certain Volunteer Activities policy (DOP-P21).	
Employee's Signature:	Date Signed:
PART II - TO BE COMPLETED BY IMMEDIATE SUPERVISOR:	
☐ NO CONFLICT: Forward to appointing authority or designee for final determination.	
☐ POTENTIAL CONFLICT: Describe the potential conflict below and forward to appointing authority or designee for final determination.	
☐ Use of public office for private gain. ☐ Association may result in prohibited interest in profits or benefits of state contracts. ☐ May use confidential State information obtained in course of official duties. ☐ May conflict with the agency's ratemaking, application, or regulatory functions. ☐ Constitutes employment by an entity regulate by a State agency. ☐ Other (please explain below):	
Immediate Supervisor's Signature:	Date Signed:
Submit to Appointing Authority or Designee	Email:





STEP 2: A REVIEW BY THE DIRECTOR OF PERSONNEL IS REQUESTED - check all that apply:

Appointing Authority or Designee must submit the original request and supporting documentation, including any Ethics Opinions, for review and determination due to a potential employment conflict, as noted below:

- ☐ Apparent conflict with the interests/mission of the State agency.
- ☐ Potential interference with the performance of the State agency.
- ☐ May use or appear to use proprietary information to obtained through official State Duties.
- ☐ Secondary employment/volunteer activity may reasonably be regarded as official state action.
- ☐ Other (please explain below):

Division of Personnel Decision Received on:

STEP 3: FINAL DECISION

- ☐ **NO CONFLICT** - Other employment/volunteer activity is approved.
- ☐ **POTENTIAL CONFLICT** - Other employment/volunteer activity will be permitted with the limitations and/or restrictions provided below.
- ☐ **CONFLICT** – Request for other employment/volunteer activity is denied due to a conflict as described below.

A. CONFLICT; LIMITATIONS; RESTRICTIONS:

Appointing Authority/Designee Name:

Appointing Authority/Designee Signature:

Date Signed

Director of Personnel Signature:

Date Signed



Request for Determination Regarding Other Employment and Certain Volunteer Activity

PART IV – TO BE COMPLETED BY THE APPROPRIATE PRIMARY EMPLOYING AGENCY OFFICIAL:	
Mandatory Agency Notifications:	Email Address & Date Notification Made:
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.).