



State of New Jersey Outside Activity Questionnaire

Background

The New Jersey Conflicts of Interest Law¹ prohibits a State employee from engaging in any business or transaction that is in substantial conflict with the proper discharge of his/her official duties. In concert with the Conflicts of Interest Law, the State Ethics Commission requires all State employees to disclose outside employment and/or business interests². Therefore, all College of New Jersey ("TCNJ" or "College") employees are required to complete the State of New Jersey Outside Activity Questionnaire ("Questionnaire" or "OAQ").

Procedures

The State of New Jersey Outside Activity Questionnaire must be completed as follows:

- 1) **ALL EMPLOYEES** are required to complete the Questionnaire, whether the employee is engaged in outside activity or not (see Annual Ethics Training and Reporting email from The Ethics Office in November).
- 2) Employees who wish to engage in outside employment or activities must complete the Questionnaire and receive approval prior to engaging in any outside employment or other activity.
- 3) Prior to completing the OAQ be sure to review the attached Activity Reporting Exceptions for a list of volunteer, uncompensated outside activities that need **not** be reported on the OAQ.

Completed questionnaires must be forwarded to the employee's supervisor/chair/program coordinator/Dean within 2 weeks. If you have any questions, you can contact the Ethics Liaison Officer at ethics@tcnj.edu or at (609) 771-2734. If you are not certain whether you are permitted to take on a job or other outside activity according to these rules, you should contact the Ethics Liaison Officer who can ask the Commission for an advisory opinion. These cases are frequently very fact-sensitive, and the Commission decides each individually.

Rules Regarding Outside Activities (Per the State Ethics Commissions Plain Language Guide)

You may have a second job, outside volunteer activity, or personal business interest only if it is compatible with the College's rules and your State responsibilities. You must not:

- 1) Undertake any employment or service which might reasonably be expected to impair your objectivity and independence of judgment in the exercise of your official duties;
- 2) Engage in any business, profession, trade or occupation that is subject to licensing or regulation by a specific agency of State Government, without promptly filing notice of that activity with the Commission;
- 3) Engage in any business, transaction, or professional activity that is in substantial conflict with the proper discharge of your duties in the public interest; or
- 4) Use State time, personnel, or other resources for the other job or activity.

In addition, neither you nor your immediate family members can hold employment with, hold an interest in, or represent, appear for, or negotiate on behalf of a holder of or applicant for a casino license unless the Commission grants a waiver. (To ask for a waiver, contact the Ethics Liaison Officer who will contact the Commission regarding the matter.)

Other Resources

For a more complete discussion of this subject, see Guidelines Governing Outside Activities, at http://www.state.nj.us/ethics/statutes/guide/outsideact_guide.html

¹ N.J. 52:13D-12 et seq. Section 23(e)(1)

² Pursuant to N.J.A.C. 19:61-2.2(a)S.A.



The College of New Jersey Outside Activity Questionnaire Activity Reporting Exceptions

Below is a list of volunteer, uncompensated outside activities that do not require prior notice or approval when (i) the employee engaged in the activity is not an officer or board member of a not for profit, charitable or other private entity on whose behalf the activities are undertaken and (ii) facilities of TCNJ are not utilized by the entity and (iii) the entity does not do business with TCNJ. (These activities need not be disclosed on the Outside Activities Questionnaire.) Employees should contact their Ethics Liaison Officer for guidance if there is any question as to whether the activity would conflict with their job duties or the functions of the College.

1. activities on behalf of volunteer fire companies or rescue or first aid squads
2. activities on behalf of churches, mosques, synagogues, temples, or other religious institutions, including, serving as a religious instructor, or deacon, or lector or reader, or choir member
3. activities, such as coaching or other support activities, on behalf of athletic associations or clubs, such as little leagues, soccer leagues, or swimming leagues, or other competitive or recreational activities or participation in similar adult-oriented activities (bowling leagues, golf leagues, softball leagues, hunting and skiing clubs)
4. activities on behalf of the Cub Scouts, Boy Scouts, Brownies, Girl Scouts, CYO, YMCA, YWCA, Boys and Girls Clubs and similar organizations
5. activities on behalf of parent -teacher or parent-school organizations, fathers' clubs, mothers' clubs
6. activities on behalf of high school and college alumni organizations
7. activities on behalf of social and civic organizations or issue-oriented organizations such as Elk's Club, Women's Club, Rotary, Knights of St. George, Sierra Club, ACLU, NRA
8. activities on behalf of hobby or craft clubs or organizations
9. activities on behalf of service-oriented organizations and entities such as hospitals, daycare centers, rehabilitation facilities, or programs to assist senior citizens or others populations with special needs
10. activities on behalf of professional, trade or business organizations, including bar associations
11. activities on behalf of homeowners or condominium associations
12. fund-raising for March of Dimes/Red Cross, schools, hospitals so long as on the employee's own time and without use of title (door to door, by letter, telephone call)
13. political activities permitted under applicable Department Code if any
14. union related activities
15. activities on behalf of support groups, such as those associated with AA, NA, HIV, cancer, arthritis
16. activities on behalf of the USO

**State of New Jersey Outside Activity Questionnaire
(Required for ALL Full-time Employees)**

Name (please print): _____

Office Location/Department: _____

Campus Telephone extension: _____ Position Title: _____

General Job Duties:

- 1) Are you currently engaged in, or planning to engage in, any business, trade, profession, and/or part-time or full-time employment, paid or unpaid, outside of or in addition to your State employment? (Royalties and consultant fees should be included here)
☐ YES ☐ NO (If Yes, you must answer all questions under number 2-5.) (If no, please skip to question number 6.)

- 2) Name of Outside Employer(s) or Business(es).
Please indicate:
1) if you are an owner, partner, or corporate officer AND
2) the address of the outside employer or business, type of business, and your responsibilities.

Outside Employment: Specify Days Worked per week (i.e. Mon., Tues., etc.), including hours worked per day and per week:

- 3) Is your current or proposed employment or business being performed for a TCNJ student or student organization or with any other College employee or official?
☐ YES ☐ NO

If yes, name of student, student organization, employee or official and title:

Do you have a supervisor/subordinate relationship with this student? ☐ YES ☐ NO
If yes, please explain

- 4) Does or will your outside employment or business require/cause you to have contact with TCNJ, other NJ State agencies, vendors, consultants or casino license holders or applicants¹, medical cannabis permit holders, applicants or entities² or personal use cannabis license holders, applicants, or entities³?

☐ YES ☐ NO

If yes, explain, providing the name of the agency, vendor, consultant, casino license holder or applicant, medical cannabis permit holder, applicant or entity or personal use cannabis license holder, applicant, or entity you will have contacts with and the nature of those contacts.

- 5) In your current or proposed outside employment or business do you or will you contract with or receive compensation from **any** NJ State agency? ☐ YES ☐ NO

If yes, indicate the name of the State agency and attach a copy of the contract. If no contract exists, provide a description of your business arrangement with the State agency:

If you have a contract with the State, did you receive the approval of the State Ethics Commission prior to entering into the contract?

- 6) Do you hold a license, permit, registration, certification, certificate, or commission issued by a NJ State agency that entitles you to engage in a particular business, profession, trade, or occupation (e.g., Real Estate, Teaching)?

☐ YES ☐ NO

If yes, select if the license is active or inactive: ☐ ACTIVE ☐ INACTIVE

If yes, provide the **type of license** and **when the license was issued**:

¹ Casino license holder or applicant means holder of, or an applicant for, a casino license or in any holding or intermediary company with respect thereto, as defined by the "Casino Control Act," P.L.1977, c. 110 (C.5:12-1 et seq.). It may also include any holder of, or applicant for, a license, permit, or other approval to conduct Internet gaming, or any holding or intermediary company with respect thereto; any Internet gaming affiliate of any holder of, or applicant for, a casino license, or any holding or intermediary company with respect thereto; or any business, association, enterprise, or other entity that is organized, in whole or in part, for the purpose of promoting, advocating for, or advancing the interests of the Internet gaming industry generally or any Internet gaming-related business or businesses in connection with any cause, application, or matter.

² Medical cannabis permit includes a medical cannabis cultivator permit, medical cannabis manufacturer permit, medical cannabis dispensary permit, or clinical registrant permit; medical cannabis entities may also include medical cannabis permit holders or applicants, any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, or any holding or intermediary company with respect thereto.

³ Personal use cannabis license includes a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service license; personal use cannabis entities may also include personal use cannabis license holders or applicants, any entity that employs or uses a certified personal use cannabis handler to perform work for or on behalf of a licensed cannabis establishment, distributor, or delivery service, or any holding or intermediary company with respect to thereto.

- 7) Do you currently hold, or plan to hold, any outside voluntary position(s)? ☐ YES ☐ NO

If yes, please explain.

Does this position require you to have contacts with any New Jersey State agency? ☐ YES ☐ NO

If yes, please explain.

- 8) Are you an officer in any professional, trade, business or other organization? ☐ YES ☐ NO

If yes, please explain.

- 9) Are you serving in any public office, or considering appointment or election to any public office? ☐ YES ☐ NO

If yes, provide the type of elective/appointive position, your duties in the position, and the hours per day, per week, and per month you are engaged in the elective/appointive position:

- 10) Do you have ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for TCNJ or any other NJ State agency, (b) directly or indirectly receiving funding from TCNJ or any NJ State agency, or (c) regulated by a NJ State agency?

☐ YES ☐ NO

If yes, for each indicate the following:

Name of employer, partnership, corporation, or other entity in which you hold an ownership interest.

Nature of ownership interest in the partnership, corporation or other entity, and extent of ownership interest.

Identity of the College department or State agency(ies) with which the entity does business, receives funding, or is regulated.

- 11) Are any members of your immediate family (**spouse, child, parent, or sibling residing in your household**) employed by a New Jersey casino or any applicant for a NJ casino license? ☐ YES ☐ NO

If yes, provide the Family Member's name, your relationship to them, name of the casino, and position held:

- 12) Are you or any members of your immediate family (**spouse, child, parent, or sibling residing in your household**) employed by a New Jersey medical cannabis permit holder, applicant, or entity²? ☐ YES ☐ NO

If yes, provide the Family Member's name, your relationship to them, name of the entity, and position held:

- 13) Are you or any members of your immediate family (**spouse, child, parent, or sibling residing in your household**) employed by a New Jersey personal use cannabis license holder, applicant, or entity³? ☐ YES ☐ NO

If yes provide the Family Member's name, your relationship to them, name of the entity, and position held:

- 14) Do you or an immediate family member hold an interest in any casino license holders or applicants¹, medical cannabis permit holders, applicants, or entities², or personal use cannabis license holders, applicants, or entities³? ☐ YES ☐ NO

If yes, please explain, providing the name of the casino license holder, medical cannabis permit holder, applicant, or entity, or personal use cannabis license holder, applicant, or entity in which you hold an interest, the percentage of your ownership interest and whether the entity is a professional service corporation.

I certify that this questionnaire contains no willful misstatement of fact or omission of a material fact and that after it is submitted; any future activity subject to disclosure will be reported before I engage in such activity. I certify that to my knowledge none of my outside activities present a conflict to my job function, work obligations or work schedule.

Printed name of Employee

Signature of Employee

Date

Immediate Supervisor/Chair/Program Coordinator: (check one)

☐

No outside activities indicated on the form.

☐

No Conflict - Based on my knowledge of the employee's job function, work obligations and schedule, the activities indicated on this form do not represent a conflict.

☐

Possible Conflict - Based on my knowledge of the employee's job function, work obligations and schedule, one or more of the activities indicated on this form may represent a conflict. Please specify activity(ies) and potential conflict:

Printed name of Supervisor

Signature of Supervisor

Date

Ethics Liaison Officer: (CIRCLE ONE)

APPROVE

DISAPPROVE *

Signature: _____ Date: _____

* Comments and/or reason for disapproval: _____

Note: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission within 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.

Supervisors – please scan completed OAQ to ethtrain@tcnj.edu.