



# Instructions for completing the State Of New Jersey Outside Activity Questionnaire

1. Open a copy or print out a copy of the UMDNJ “State of New Jersey Outside Activity Questionnaire” form.
2. Follow the directions below.
3. PLEASE NOTE: Incomplete forms will be stamped “incomplete” and returned.

1. **Name:** ▶ **On the form**, type or legibly print your first name, middle initial, and last (family) name.  
**Title:** ▶ **On the form**, please type or legibly print your official UMDNJ title  
**Email Address:** ▶ **On the form**, type or legibly print your work email address.  
**University ID:** ▶ **On the form**, type or legibly print your University ID (A #).  
**Department of:** ▶ **On the form**, type or legibly print your department name.  
**Division:** ▶ **On the form**, type or legibly print your division/unit name.  
**Unit/School:** ▶ **On the form**, type or legibly print your unit/school name.  
**Phone:** ▶ **On the form**, in each box, provide the number, including area code (000) 000-0000  
**Fax:** ▶ **On the form**, in each box, provide the number, including area code (000) 000-0000  
**Work Address:** ▶ **On the form**, type or legibly print your work address.

- Faculty:**   
**Staff:**   
**Housestaff:**

On the form, place a checkmark in the box that most appropriately describes your position at UMNDJ.

### Job Duties:

Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your State employment?

On the form, place a checkmark in the box that most accurately answers the question. **Please note:** only “yes” answers need to fill out information for question 2.

Yes  No

If Yes, you must answer question 2.

2. Name of Outside Employer(s) or Business(es): ««« Please type or legibly print the outside employer(s) or business name. **THESE QUESTIONS ONLY APPLY if you answered “yes” in Question 1.**  
Please indicate if you are an owner , partner , or corporate officer  (select a checkbox)  
Address: ««« Please type or legibly print the outside employer(s) or business address  
Type of Business: ««« Please provide a brief explanation that describes the business type.  
Describe responsibilities: ««« Please type or legibly print a brief description of your job responsibilities for your outside employment or business.  
Outside Employment (please specify): fill in the specific numbers in the spaces below.  
Days Worked per Week: #days (1-7)  
Hours Worked: Per Day: #hours (1-24) Per Week: #hours  
Period of Outside Employment: From (fill in date mm/dd/yyyy) to (fill in date mm/dd/yyyy)  
Is the work being performed within your UMDNJ Scholarly Capacity? Yes  No  (select yes or no)  
If Yes, Amount of compensation and/or any other benefit received: ««« Please type or legibly print amount of compensation/benefit received.  
Is your employment or business being performed for or with any other Department employee or official? Yes  No  (select yes or no)  
If Yes, Name of employee or official: ««« Please type or legibly print employee’s or official’s name.  
Title: ««« Please type or legibly print employee’s or official’s title.  
Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders?  
Place a checkmark in the box that most accurately answers the question.  
If yes, explain: ««« Please provide a brief explanation that describes your contacts.

3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? **Place a checkmark in the box that most accurately answers the question.** If yes, type of license: **««« Please provide license type.**  
If yes, license number: **««« Please provide license number.**  
If applicable, CDS registration number: **««« If applicable, please provide CDS registration number.**  
When was license issued: **««« Please provide license issue date.**  
Active or Inactive **««« Place a checkmark in the box that most accurately answers the question.**  
If applicable, Date of license renewal: **««« If applicable, please provide date of license renewal.**
4. Do you currently hold or plan to hold outside voluntary position(s)?  
**Place a checkmark in the box that most accurately answers the question.**  
If yes, fill out information on last page of this form for each voluntary position.
5. Are you an officer in any professional organization?  
**Place a checkmark in the box that most accurately answers the question.**  
If yes, fill out information on last page of this form for each professional organization.
6. Are you serving in any public office, or considering appointment or election to any public office?  
**Place a checkmark in the box that most accurately answers the question.**  
If yes, what is the type of elective / appointive position? **««« Please provide a brief explanation that describes the type of elective / appointive position. Please type or print legibly.**  
What are your duties? **««« Please provide a brief explanation that describes your duties. Please type or print legibly.**  
Hours engaged in elective / appointive activity:
7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State?  
**Place a checkmark in the box that most accurately answers the question.**  
Family Member's name: **««« Please type or legibly print family member first, middle, last name.**  
Nature of Employment: **««« Please provide a brief description of the nature of employment.**  
Duration: Permanent Temporary **««« Place a checkmark in the appropriate box.**
8. Are any members of your immediate family employed by a New Jersey casino or an applicant for a NJ casino license?  
**Place a checkmark in the box that most accurately answers the question.**  
Family Member's Name: **««« Please type or legibly print family member first, middle, last name.**  
Relationship: **««« Please type or legibly print your relationship to casino employee.**  
Name of Casino: **««« Please type or legibly print name of casino**

**I have read and understand the University's policies on Code of Ethics and Outside Activity. I attest that the information provided is true.**

Signature of Employee: **««« Please sign and date form. »»»** Date:

Signature of Supervisor: **««« Please have supervisor sign and date form. »»»** Date:

Supervisor Printed Name: **««« Please type or legibly print supervisor's name.**

## Outside Voluntary/Professional Position Disclosure

**THESE QUESTIONS ONLY APPLY if you answered “yes” in Question 4 or 5.**

For all of the disclosures, fill out the pertinent information.

Organization: ««« Please type or legibly print name of voluntary organization.

Title: ««« Please type or legibly print the title you hold within the volunteer organization.

Explanation of Duties: ««« Please type or legibly print a brief description of your volunteer duties.

## Additional Outside Employment Disclosure

For all of the disclosures, fill out the pertinent information.

Name of Outside Employer(s) or Business(es): ««« Please type or legibly print the outside employer(s) or business name

Please indicate if you are an owner , partner , or corporate officer  (select a checkbox)

Address: ««« Please type or legibly print the outside employer(s) or business address

Type of Business: ««« Please provide a brief explanation that describes the business type.

Describe responsibilities: ««« Please type or legibly print a brief description of your job responsibilities for your outside employment or business.

Outside Employment (please specify): fill in the specific numbers in the spaces below.

Days Worked per Week: #days (1-7)

Hours Worked: Per Day: #hours (1-24) Per Week: #hours

Period of Outside Employment: From (fill in date mm/dd/yyyy) to (fill in date mm/dd/yyyy)

Is the work being performed within your UMDNJ Scholarly Capacity? Yes  No  (select yes or no)

If Yes, Amount of compensation and/or any other benefit received: ««« Please type or legibly print amount of compensation/benefit received.

Is your employment or business being performed for or with any other Department employee or official? Yes  No  (select yes or no)

If Yes, Name of employee or official: ««« Please type or legibly print employee’s or official’s name.

Title: ««« Please type or legibly print employee’s or official’s title.

Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders?

Place a checkmark in the box that most accurately answers the question.

If yes, explain: ««« Please provide a brief explanation that describes your contacts.