

Arizona State Personnel System
DISCLOSURE STATEMENT

Name

Agency

Division, Section, Unit

New Hire - Initial Disclosure

Current Employee - New Disclosure

The Arizona Revised Statutes (A.R.S.) and State Personnel Rules place some restrictions with which you must comply regarding business interests, secondary employment, and employment of relatives*. To determine that you are in compliance with these provisions, you are required to complete the following information when you are first employed by the State and any time there is a change. This document will become part of your official personnel file.

Business Interests

Are you involved in any ownership, employment, public or private affiliations, or special arrangements which may have a substantial interest in any contract, sale, purchase, service or decision involving the State of Arizona?

No, I am not.

Yes, I am.

If yes, please describe your involvement:

Are any of your relatives involved in such activity? (Relative means: spouse, child, grandchild, parent, grandparent, brother or sister of the whole or half blood and their spouses, and the parent, brother, sister, or child of a spouse, pursuant to A.R.S. §38-502).

No

Yes

If yes, please list their names, relationship to you, and their involvement:

Secondary Employment

I am not engaged in any outside employment

I have another job at:

Employer Name

Address

Work Schedule

Average Hours Per Week

Please describe duties:

Relative(s) at State of Arizona

Do any of your relatives currently work for the State of Arizona? (Relative means: spouse, child, parent, grandchild, grandparent, sister, brother, great grandchild, great grandparent, aunt, uncle, niece, nephew, or first cousin who is related to you by marriage [in-law or step] or blood, pursuant to State Personnel Rule R2-5A-305).

No

Yes

If yes, please list their names, relationship to you, and the agency in which they work:

I understand that if there are any changes to the above information, I am responsible for completing a new disclosure form immediately and submitting it to my supervisor.

Employee Signature _____

Date

*Specific information on Conflict of Interest/Standards of Conduct for State Employees is available in A.R.S. §38-501 through §38-510 inclusive, State Personnel Rules, and the State Personnel System Employee Handbook.

Distribution: Original to Employee's Personnel File; copy to agency's Human Resources Office