

HACAP
REQUEST FOR APPROVAL and DISCLOSURE NOTICE
Potential Conflict of Interest, Volunteer Appointments

This document is designed to disclose information regarding HACAP employees serving on community boards, councils or other policy advisory groups as either a HACAP affiliated appointment or a volunteer non-HACAP affiliated appointment and that the approval of the Executive Director has been obtained. You are required to fill out a new disclosure notice for each term you serve and you must fill out a separate Disclosure Notice for each and every board, council and policy advisory group that you serve on. If you're unsure your request meets the criteria for a "Potential Conflict of Interest" please continue with this process, fill out the form, verify information and route (see instructions below) it for the appropriate signatures.

Please Note: Under no circumstances are HACAP employees to do either of the following below:

- HACAP employees may not seek or hold partisan elective office
- HACAP employees may not serve on HACAP boards, councils or other policy advisory groups

1-4 to be completed by HACAP employee: ONLY if it is a HACAP affiliated appointment (serving in your capacity as a HACAP employee).

- 1) I _____ (name), serve on _____ (board/council/group name) and have been serving this appointment for _____ (months/years). _____ (who) requested I take on this appointment.
- 2) What is the length of the term you are serving?
- 3) List how often you meet, when the meetings take place and the length of the meetings.
- 4) Do you incur any expenses for serving this appointment that will require you to be reimbursed by HACAP? (i.e. out of area traveling or paid time for attending the meetings). YES or NO (If YES, please explain on back).

Questions 5- 8 to be completed if you are serving a volunteer non-HACAP affiliated appointment that may affect your duties with HACAP, impact HACAP's operations or adversely impact HACAP's mission.

- 5) I _____ (name), serve on _____ (board/council/group name) and have been serving this appointment as a volunteer for _____ (months/years). _____ (who) requested I take on this appointment.
- 6) What is the length of the term you are serving?
- 7) List how often you meet, when the meetings take place and the length of the meetings. If the meetings are held during your usual scheduled work hours at HACAP please state so and explain.
- 8) Does your appointment directly impact HACAP operations or mission? (Please explain on back).

I verify that the above information is correct and true

Signature of Employee

Employee Dept/Site

Date

Statement 13 is to be completed by THE SUPERVISOR of the employee requesting approval

- 13) Are you aware of any appearance of "Conflict of Interest" that may result from the approval of this request?
YES or NO (If YES please explain on the back of this form).

Statement 14 is to be completed by THE EXECUTIVE DIRECTOR OR DESIGNEE

- 14) This request has been: (check one) **APPROVED** **DENIED**

Signature of Executive Director

Date

Routing: (In order): HACAP Employee **ROUTE TO** Immediate Supervisor, Supervisor **ROUTE TO** Executive Director or Designee