FAIRBANKS NORTH STAR BOROUGH

Conflict of Interest (Outside Employment or Service)

Service excludes professional service to organizations relating to your core job functions/responsibilities, but includes other volunteer activities that have fiduciary responsibilities or could violate 2.32.220 and 6.32

	Determination Processing Form
Employe	e Name:
Job Title	:
Dept/Div	ision:
Supervis	ors Name:
Complet	CTIONS: Only Regular Employees are required to complete this form. e your section of the form in its entirety. Attach copy of employee's FNSB job ion, and job description of other employment or service if available.
	rbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 and this document may be subject to public disclosure under state law.
	GOVERNING ORDINANCES AND POLICIES
the interes	edinance <u>2.32.220</u> prohibits outside employment or activity that conflicts with ests of the Borough:
No boro	ugh employee shall accept outside employment or engage in an activity that:
A.	Poses a conflict with the interest of the borough or in any way reflects unfavorably upon the borough: [or]
В.	Is not compatible with the employee's borough work; [or]
C.	Detracts from the employee's efficiency in the performance of borough work; [or]
D.	No borough employee shall be a contractor to the borough or be employed by a contractor on borough matters while receiving a wage from the Borough.
The Con	flict of Interest Policy FNSB 01.02 requires disclosure of potential conflict of

interests at the earliest possible time, in accordance with FNSB Ordinance <u>6.32</u>.

FORM ROU	TING:
	Employee
	Supervisor
	Director
	Human Resources
	Legal
	Mayor's Office
	Human Resources
	Human Resources Notification to Employee/Supervisor

Human Resources will notify the employee and supervisor of final determination. A copy will be placed in the employee's personnel file.

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EMPLOYEE SECTION: This section to be completed by the employee. Once completed and signed, forward the document to your supervisor. Employee's disclosure of outside employment or services: Hours worked per week: For Borough: For Other Employment or services: **Scheduled Days/Times:** For Borough: For Other Employment or services: Additional Information: I certify that the information provided herein is complete, true and accurate. I

understand that any change to my outside service or employment must be reported to my Department Director as soon as reasonably possible after it occurs. (FNSB 6.32.080)

Employee's Signature: _____ Date: _____

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SUPERVISOR SECTION:

Do you believe outside employment or service may be incompatible with employee's				
Borough duties? Why or why not?				
Do you believe that outside employment or serv	rice may interfere with the employee's job			
performance or reflect unfavorably on the Borough? Why or why not:				
Do you believe there may be scheduling conflic	ts with the outside employment or			
service? If yes, describe:				
Additional Information/Supervisor's Comments:				
Supervisor's Signature:	Date:			
Director's Comments:				
Director's Signature:	Date:			

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BOROUGH ATTORNEY OPINION:

	No apparent conflict, if outside emp	loyment or service does r	not interfere with job performance.
	Conflict for following reasons:		
	Unable to determine need additiona	al information:	
Poro	ugh Attornov		Date
Borough Attorney		No Conflict	Date
DETERMINATION:		No Conflict	
		Conflict Exi	sts
Borough Mayor			Date
cc:	Employee		
	Employee's Supervisor		
	Employee's Director		
	Employee's Personnel File		

FORM ROUTING: Employee, Supervisor, Human Resources, Legal, Mayor's Office, Human Resources. Final determination sent to cc's as noted above.