



Outside Activity Questionnaire

Employee Name: _____

Banner ID # _____ Title: _____ Date: _____

1) Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your employment at William Paterson University?

____ Yes ____ No

If Yes, you must answer question 2.

2) Name of Outside Employer(s) or Business(es) : _____

Please indicate if you are an ____ owner (self employed) ____ employee ____ partner ____ corporate officer

Address: _____

Type of Business: _____

Describe responsibilities:

Outside Employment (please specify): Days Worked per week: _____

Hours Worked: Per Day _____ Per Week _____

Is your employment or business being performed for or with any other WPU employee or official?

____ Yes ____ No .

Name of employee or official and title: _____

Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders? ____ Yes ____ No

If yes, please explain.

3) Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? ____ Yes ____ No.

If yes, type of license _____

When was license issued? _____ Active or inactive? _____

4) Do you currently hold or plan to hold outside voluntary position(s)? ____ Yes ____ No

If yes, explain. _____

5) Are you an officer in any professional, trade or business organization? _____ Yes _____ No
If yes, explain. _____

6) Are you serving in any public office, or considering appointment or election to any public office?
_____ Yes _____ No
What is the type of elective/appointive position? _____
What are your duties? _____
Hours engaged in elective/appointive activity: Per Day _____ Per Week _____ Per Month _____

7) Are any members of your immediate family employed by or, through partnership or corporate office, holding an interest in any firm or entity performing any service for the State of New Jersey, directly or indirectly receiving funding from the State or regulated by the State ? _____ Yes _____ No
Family Member's Name _____ Relationship: _____
Nature of employment: _____
Duration: _____ Permanent _____ Temporary

8) Are any members of your immediate family employed by a New Jersey casino or an applicant for a N.J. casino license? _____ Yes _____ No.
Immediate family means a spouse, child, parent, or sibling residing in your household.
Family Member's Name _____ Relationship: _____
Name of Casino: _____

I certify that this questionnaire contains no willful misstatement of fact nor omission of material fact and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

Signature of Employee _____
Date

Ethics Liaison Officer (circle one) Approved Disapproved

Signature: _____

Date: _____

Comments and/or reason for disapproval:

