



## U.S. Fish and Wildlife Service

### Notification/Request for Approval to Engage in Outside Employment or Activity

#### INSTRUCTIONS:

For notification of outside employment or activities with an entity that is not a prohibited source\*, complete and sign this form, then give it to your supervisor. (See 212 FW 1 and 212 FW 5.) The employee and supervisor should retain copies.

For approval of outside employment or activities with a prohibited source\*, complete and sign this form, then give it to your supervisor for his/her recommendation. If your supervisor recommends approval, the form must be sent to your servicing Ethics Counselor for review. Approval by the Ethics Counselor is required before you can engage in the outside employment or activity. (See 212 FW 5). The employee and supervisor should retain copies, and the Ethics Counselor must retain the original.

#### **A. Employee Information (PLEASE PRINT)**

1. Last Name, First Name, MI:

2. Telephone:

3. FAX:

4. Email address:

5. Position / Title:

6. Office Name and Address:

7. Job duties (attach position description or additional information, if needed):

#### **B. Information about Prospective Outside Employment or Activity (PLEASE PRINT)**

8. Name of outside entity, company, State/local government, individual, or organization:

9. Address:

10. Telephone:

11. Salary or compensation: (if unpaid, indicate "None")

12. Hours per week:

13. Start date:

14. Expected end date (if applicable):

15. Describe the proposed outside employment or activity: (Attach additional information if necessary)

\* A "prohibited source" for a Service employee generally includes any outside entity or individual who: (1) is seeking official action by the Service; (2) does business or seeks to do business with the Service; (3) conducts activities regulated by the Service; (4) has interests that may be substantially affected by the performance or nonperformance of the employee's official duties; or (5) is an organization a majority of whose members are described in (1) through (4) above.

**C. Certifications: Please check the box to certify that you understand the following statements. Questions or requests for guidance should be directed to your servicing Ethics Office.**

16. I currently have no official duties involving any matters that affect this outside entity, and I understand that participating in an official matter (including providing recommendations or advice) that could directly affect the financial interests of the outside entity, company, State/local government, individual, or organization could violate 18 U.S.C. 208, a criminal conflict of interest ethics statute.	
17. I understand that I must disqualify (recuse) myself from participation in official matters that could directly affect the financial interests of, or give the appearance of, a lack of impartiality toward the outside entity for which I plan to perform the work or activity. If the outside work or activity prevents me from accomplishing my Federal job, I understand I may be required to stop the outside work or activity.	
18. I understand that 18 U.S.C. 203 and 205 generally prohibit a Federal employee from representing a third party before any Federal agency, court, or officer.	
19. I will be in a non-duty or authorized leave status when I perform the outside work or activity.	
20. I will not use any Government facilities, equipment, or supplies for the outside employment or activity except as authorized by the Department's limited personal use policies.	
21. I will not use or disclose any nonpublic information as part of this outside work or activity.	
22. I will neither use, nor allow others to use, my official title or position in conjunction with the outside work or activity except as allowed in 5 C.F.R. 2635.807(b) (see 212 FW 5).	
23. If there is a significant change in the nature or extent of my outside work or activity, or in my official duties with the Service, I will submit a revised request for approval.	
24. I understand that approval to engage in outside work or activity does not relieve me of my obligation to comply with all applicable laws, regulations, and policies governing employee conduct and ethics.	

<b>Signature of Employee:</b>	Date:
<b>Signature of Supervisor:</b>	Date:

**D. ONLY COMPLETE FOR EMPLOYMENT OR ACTIVITY WITH A PROHIBITED SOURCE: Supervisor's Recommendation to the Ethics Counselor**

<input type="checkbox"/>	I recommend approval.	Remarks: (Attach additional information if necessary)
<input type="checkbox"/>	I recommend disapproval.	
Date:	Supervisor Signature:	
Telephone:	Supervisor Name: (PLEASE PRINT)	

**E. ONLY NECESSARY FOR EMPLOYMENT OR ACTIVITY WITH A PROHIBITED SOURCE: Ethics Counselor's Action**

<input type="checkbox"/>	Approved	Remarks: (Attach additional information if necessary)
<input type="checkbox"/>	Disapproved	
Date:	Signature:	
Ethics Counselor Name:		Position:

**Distribution:** Employee and supervisor should retain copies. For employment or activity with a prohibited source, the Ethics Office must retain the original.