

STATE ETHICS COMMISSION

Request For Approval For Attendance At Events

Department of _____

Name _____

Division _____

Title _____ Telephone _____ Fax _____

Email Address _____

Event _____

Sponsor _____

Is the sponsor an "interested party"? Yes No

Is the State official a speaker, panel participant or resource person? Yes No

Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof? Yes No

Is the sponsor a nonprofit organization? Yes No

If Yes, is the employee or agency a member? Yes No

Does the nonprofit organization have any contracts with the State? Yes No

Location _____ Date(s) _____

Overnight accommodations required? Yes No

Out-of-state travel required? Yes No

Estimated cost? \$ _____

Agency to pay cost? Yes No

Sponsor to pay cost? Yes No

Employee to pay cost? Yes No

Reason for attendance:

Will sponsor offer an honorarium or fee? Yes No

Employee Signature

Date

Note: Any substitutions or changes of circumstances must be reported.

Attendance approved? Yes No

Note: Acceptance of honoraria or fees is not permitted.

Conditions:

Signature _____

Date _____