

State Ethics Form Guide

STATE ETHICS COMMISSION

Request For Approval For Attendance At Events

Department: _____
Name: _____
Division _____
Title _____ Telephone _____ Fax _____
Email _____
Event _____
Sponsor _____

Is the Sponsor an "interested party"? Yes No

"Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

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 total costs? \$ _____

Breakdown of Costs:

Transportation \$	_____	Meals \$	_____
Accommodations \$	_____	Registration Fees \$	_____

• Please complete all fields

• “Sponsor” refers to the host organization

• Is the employee presenting, speaking, or serving as a resource person in their State Capacity as representative of Kean University?

• “Agency” refers to Kean University

• The Location and Dates should match the information on the Travel Authorization Form.

• List all expenses including those covered by the sponsor, personal funds, or other entity



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- “Agency” refers to Kean University
- “Sponsor” refers to the host organization

- Attach both the invitation letter and the agenda/description of the event.

Agency to pay costs? Yes No

Sponsor to pay costs? Yes No

Employee to pay costs? Yes No

Other person or entity to pay costs? Yes No If yes, note name below:

Reason for attendance:

Will sponsor offer an honorarium or fee? Yes No

Check: Copy of invitation letter attached.
 Copy of agenda or other description of event attached.

Employee Signature

Supervisor's Signature and Approval

Date

Date

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

*****SPACE BELOW FOR ELO USE ONLY*****

Attendance approval? Yes No

Note: Acceptance of honoraria or fees is not permitted.

Conditions:

Signature _____ Date _____
Ethics Liaison Officer

Sponsor is an interested party and employee will be accepting event benefits as a speaker, panelist or resource person. A copy of form will be forwarded to the State Ethics Commission pursuant to N.J.A.C. 19:61-6.4(f).