

**United States Department of Agriculture, Office of Ethics
Application For Approval to Engage in Non-Federal Employment**

A. Agency Employment	
Name (Last, First, Middle Initial)	Office Title, Address, & Telephone Number
Position Title, Series, Grade & Salary	
Do you have any official dealings that relate to your proposed employment/employer? Please select "yes" or "no." If yes, describe.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Prospective Non-Federal Employment	
Name of Prospective Non-Federal Employer/Entity & Term of Employment	Office Address and Location of Proposed Services
Indicate method or basis of any compensation (e.g. salary, fee, per diem, honorarium, royalties, stock options, travel, and expenses, or other).	
Is the compensation derived from a USDA grant, contract, cooperative agreement, or other source of USDA funding? Please select "yes" or "no." If yes, describe.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prospective Position Title & Description of employment. If work involves the provision of consultative or professional services, state whether the client, employer, or other person on whose behalf the services are performed is receiving, or intends to seek, a USDA grant, contract, loan, cooperative agreement, or other funding relationship.	
Would you have any contact with USDA or other offices of the Federal government excluding Congress? Please select "yes" or "no." If yes, describe.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Employee Certification	
This information is complete and accurate to the best of my knowledge. I certify that I have reviewed USDA Ethics Supplemental Regulation (5 CFR Part 8301), and the Standards of Ethical Conduct (5 CFR 2635.401-.403; .501-503; .701-.705; and .801-.809). I acknowledge that if my non-Federal employment request is approved, I must: (a) reapply for written permission if the nature of this employment changes materially; (b) reapply for written permission upon movement or transfer to another office under a different supervisor; (c) reaffirm the accuracy of my application every third year; and (d) provide written notification to my immediate Supervisor and to my Ethics Advisor when my approved employment is terminated. (Note: Upon formal receipt of approved employment forward a copy to your servicing Ethics Advisor.)	
Signature:	Date:
D. Supervisory Approval (If your immediate supervisor does not have approval authority, submit this request through your immediate supervisor to the authorized official.)	
I reviewed the above statements and believe the prospective non-Federal employment outlined above does not pose a conflict of interest or appearance of favoritism in the conduct of the employee's official duties. Further, I will not assign any future duties, which could place the employee in violation of the law. Should a situation arise where conflicting assignments must be made, the employee will be given prior notification and counseled in the steps that must be taken to remain in compliance with applicable statutes and regulations.	
Supervisor Initial: _____	Date: _____
E. Final Determination of Approving Official	
<input type="checkbox"/>	Contact with an Agency Ethics Official was unnecessary based on the facts.
<input type="checkbox"/>	I have consulted with an Agency Ethics Official.
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No*	Signature: _____
Date: _____	
* Comments (Note: The approving official must indicate the reasons for disapproval.)	
F. Ethics Advisor Review	
Signature & Title: _____	Date: _____