FAIRBANKS NORTH STAR BOROUGH

Conflict of Interest (Outside Employment or Service)

Service excludes professional service to organizations relating to your core job functions/ responsibilities, but includes other volunteer activities that have fiduciary responsibilities or could violate 2.32.220 and 6.32

Determination Processing Form

Employee Name: __________________________________________

Job Title: _______________________________________________

Dept/Division: ____________________________________________

Supervisors Name: _________________________________________

INSTRUCTIONS: Only Regular Employees are required to complete this form. Complete your section of the form in its entirety. Attach copy of employee's FNSB job description, and job description of other employment or service if available.

The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

GOVERNING ORDINANCES AND POLICIES

FNSB Ordinance 2.32.220 prohibits outside employment or activity that conflicts with the interests of the Borough:

No borough employee shall accept outside employment or engage in an activity that:

A. Poses a conflict with the interest of the borough or in any way reflects unfavorably upon the borough: [or]

B. Is not compatible with the employee’s borough work; [or]

C. Detracts from the employee’s efficiency in the performance of borough work; [or]

D. No borough employee shall be a contractor to the borough or be employed by a contractor on borough matters while receiving a wage from the Borough.

The Conflict of Interest Policy FNSB 01.02 requires disclosure of potential conflict of interests at the earliest possible time, in accordance with FNSB Ordinance 6.32.

FORM ROUTING:

________ Employee

________ Supervisor

________ Director

________ Human Resources

________ Legal

________ Mayor’s Office

________ Human Resources

________ Human Resources Notification to Employee/Supervisor

Human Resources will notify the employee and supervisor of final determination. A copy will be placed in the employee’s personnel file.
Employee's disclosure of outside employment or services:__________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__ Hours worked per week: ____________________________________________________________________________

For Borough: ______________________________________________________________________________________

For Other Employment or services: __________________________________________________________________

______________________________________________

Scheduled Days/Times: _____________________________________________________________________________

For Borough: ____________________________________________________________________________________

For Other Employment or services: __________________________________________________________________

______________________________________________

Additional Information: ____________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the information provided herein is complete, true and accurate. I understand that any change to my outside service or employment must be reported to my Department Director as soon as reasonably possible after it occurs. (FNSB 6.32.080)

Employee’s Signature: ____________________________ Date: ___________________

SUPERVISOR SECTION:

Do you believe outside employment or service may be incompatible with employee's Borough duties? Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you believe that outside employment or service may interfere with the employee's job performance or reflect unfavorably on the Borough? Why or why not:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you believe there may be scheduling conflicts with the outside employment or service? If yes, describe:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional Information/Supervisor’s Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisor’s Signature: ___________________________ Date: __________________

Director’s Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Director’s Signature: ___________________________ Date: _______________
BOROUGH ATTORNEY OPINION:

_____ No apparent conflict, if outside employment or service does not interfere with job performance.

_____ Conflict for following reasons: __________________________________________________________

________________________________________

_____ Unable to determine need additional information: ________________________________

________________________________________

Borough Attorney

Date

DETERMINATION:  _____ No Conflict

_____ Conflict Exists

Borough Mayor

Date

cc: Employee

 Employee’s Supervisor

 Employee’s Director

 Employee’s Personnel File

FORM ROUTING: Employee, Supervisor, Human Resources, Legal, Mayor’s Office, Human Resources. Final determination sent to cc’s as noted above.