



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST
(Name of Agency)

Name of Employee (Last, First, MI):		Mailing Address	Division:
Address of Official Work Station:			Telephone:
Job Duties:			
1. Are you currently engaged or plan to engage in any business, trade, profession and/or part-time or full-time employment outside of, or in addition to your employment with the day care? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, you must answer question 2)			
2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer:			
Address:		Describe Responsibilities:	
Outside Employment (Please specify) Days Worked per Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		Work Hours Evenings: Weekends:	<input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary Job Start/Date Job End/Date
Is your employment or business being performed for or with any other day care employee or official? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of employee or official and title:			
Does your outside employment or business require/cause you to have contacts with NJ State agencies, vendors, consultants or casino license holders? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of license: When was license issued? Active or inactive?			
4. Do you currently hold or plan to hold outside voluntary position(s) which could, under certain circumstances, present a possible conflict with your official duties? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
5. Are you an officer in any professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			

6. Are you serving in any public office, or considering appointment or becoming a candidate for any public office?
 Yes No If "Yes" term expiration date:
 What is the nature of elective/appointive position?
 What are your duties?
 Days worked per week in elective/appointive activity M Tu W Th F S Su
 Work Hours: Evenings: Weekends:

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State?
 Yes No
 Family Member's Name: Relationship:
 Nature of Employment:
 Duration: Permanent Temporary

I certify that this request contains no willful misstatement of fact or omission of material act and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

9. Signature of employee: _____ Date: _____

Agency Recommendations and Approvals

Division Director

Will Outside Employment or business interfere with employee's work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain below	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature: _____ Date: _____
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If "Disapproval," explain below