

New Jersey Department of Health Office of the Commissioner		REQUEST FOR APPROVAL FOR ATTENDANCE AT EVENT	
<i>This form is to be completed, in accordance with the Plain Language Guide to New Jersey's Executive Branch Ethics Standards, by all employees of the Department of Health or Special State Officers attending as a member of a Department board/council/commission. This form should be forwarded to the Department's Ethics Liaison Officer (ELO) for review and approval in advance of the event.</i>			
Last Name of Employee/Officer		First Name of Employee/Officer	
Title of Employee/Officer		Telephone Number	
		Email Address	
Division/Program			
Event Name			
Event Sponsor			
1. Is the event sponsor an "interested party" as defined below? <input type="checkbox"/> Yes <input type="checkbox"/> No a) any person or entity subject to the DOH's regulatory; licensing; supervisory authority; or b) any grantee or grantor to the DOH, or c) any supplier (vendor) to the DOH; or d) any organization that advocates positions before the DOH; or e) any organization with most of their members falling under a-d.			
2. Is the State official a speaker, panel participant or resource person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Is the sponsor a non-profit organization? If no, skip to question 5 <input type="checkbox"/> Yes <input type="checkbox"/> No			
a) If Yes, is the employee/officer a member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b) If Yes, is the Department a member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c) Does the non-profit organization have any contracts with the State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Location		6. Date(s)	
7. Overnight accommodations required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Out-of-state travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Department to pay costs? (Includes use of grant funds to cover costs)..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Employee/Officer to pay costs, not being reimbursed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Sponsor or third party to pay costs/waive any fees or costs? If no, skip to question 12 <input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If other than sponsor listed above, note third party name:			
b. Total covered by sponsor/third party \$			
i. Breakdown of Costs:			
(1) Transportation:	\$	(4) Registration Fees	\$
(2) Meals:	\$	(5) Other (Specify):	
(3) Accommodations:	\$	\$	
12. Is this a no-cost event for all attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Will sponsor offer an honorarium or fee? Acceptance of honoraria or fees is not permitted! <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Check all that apply:			
<input type="checkbox"/> Copy of invitation letter attached. <input type="checkbox"/> Copy of agenda / description of event attached (required for speaker or panelist)			

REQUEST FOR APPROVAL FOR ATTENDANCE AT EVENT
(Continued)

Justification for Attendance

SIGNATURES

Signature of Employee/Officer

Date

Approved

☐ Yes

☐ No

Signature of Supervisor

Date

Approved

☐ Yes

☐ No

Signature of Assistant Commissioner

Date

****Note: Any substitutions or changes of circumstances must be reported to your Ethics Liaison Officer (ELO).***

ETHICS LIAISON OFFICER REVIEW

Attendance Approved

☐ Yes

☐ No

NOTE: Acceptance of honoraria or fees is not permitted.

Conditions for Approval

☐ 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).

Signature of Ethics Liaison Officer

Date