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#### OFF DUTY EMPLOYMENT

### COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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**RELEASABILITY:** There are no releasability restrictions on this publication.

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The purpose of this instruction is to establish policy and procedures for the Off-Duty Employment program and applies to all members of the New Jersey Air National Guard and/or Air National Guard of the United States ordered to serve on active duty (on Title 10 and attached to a unit of the NJANG for OPCON purposes, or as an AGR) for 30 or more continuous days. These members must complete an AF Form 3902, *Application and Approval for Off-Duty Employment*, before engaging in outside employment. This instruction also applies retroactively to active duty members on continuous orders for more than 30 days that was commenced prior to this instruction; such members must submit an AF Form 3902 before continuing such off-duty employment. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <a href="https://afrims.amc.af.mil/">https://afrims.amc.af.mil/</a>.

- **1. PROCEDURES:** Members covered by this instruction must complete an AF Form 3902, *Application and Approval for Off-Duty Employment*, before engaging in outside employment, regardless of whether such employment is for pay or for a personally or family-owned business. The approving authority for the 177<sup>th</sup> FW and 108<sup>th</sup> Wing are the respective Wing Commanders or Vice Wing Commanders. The approving authority for HQ NJANG personnel is NJANG/CC or NJANG/CV. The approving authority for the 177<sup>th</sup> Fighter Wing and 108<sup>th</sup> Wing Commander serving is NJANG/CC. Approval may be granted unless:
- **1.1**. A determination is made that the outside employment is expected to involve conduct prohibited by statute or regulation; or
- **1.2**. The commander, head of organization, or supervisor believes that the proposed activity will detract from readiness or pose a security risk; or

- **1.3.** The proposed outside activity is with a prohibited source. A prohibited source means any person who:
- 1.3.1. Is seeking official action by the member's agency,
- 1.3.2. Does business or seeks to do business with the member's agency,
- 1.3.3. Conducts activities regulated by the member's agency;
- 1.3.4. Has interests that may be substantially affected by performance or nonperformance of the employee's official duties, or
- 1.3.5. Is an organization a majority of whose members are described in the above bullets; or
- **1.4.** The proposed outside activity will require the member to travel on a regular basis to locations Outside the Continental United States (**OCONUS**), **or** Continental United States (**CONUS**) locations beyond the member's normal commuting area or home of record.
- **2.** Officers who are serving as elected or appointed officials of a state or local government may not continue to serve in those positions if they will be on active duty for more than 270 continuous days.
- 3. The member must complete the AF Form 3902 and deliver it to their supervisor. The supervisor must personally interview the member. Particularly during wartime and contingency operations, the supervisor should pay close attention to those items listed in paragraphs 1, 2 and 1.4 above, and also to ensure that the amount of time the member will work off-duty will not hinder their military duties and/or availability for duty. (For example, do not normally allow more than 20 hours per week of off-duty employment, as you may be faced with employee fatigue or diminished working capacity issues.) Issues regarding endangerment of the safety and health of the member, the unit, and the public should also be considered by the supervisor. For members serving in one of the medical service corps, attention must be paid to the specific requirements of AFI 44-102, Section 1A. Any comments with regard to these issues should be placed on the continuation sheet for all review levels to consider. The supervisor then recommends approval or disapproval and the form is delivered to the Wing Legal Office (or State SJA for JFHQ-Air Component (HQ NJANG) personnel. However, prior to forwarding the request to the Legal Office, the unit commander must indicate approval or disapproval by initialing and dating in either Block 27 or 28.
- **4.** Once the AF Form 3902 is received at the Wing Legal Office, a Judge Advocate will review the form with attention paid to any potential ethical issues. The Judge Advocate will recommend approval or disapproval (with comments, if any) and deliver it to an appropriate approval authority for final action. If the AF Form 3902 is completed between UTA periods and a Judge Advocate is not available on duty, the form should be delivered to the approval authority, which will coordinate the request with the Wing Staff Judge Advocate before taking final action.

- **5.** After the approval authority approves or disapproves the original form, it will be returned to member's unit.
- **6.** The member's unit must promptly inform the member that the request has either been approved or disapproved. The original form is then placed in the member's personnel file in the unit. The member should be provided a copy of the form. The member must also be informed of the requirement to submit a new request for off-duty employment should there be any significant changes to a previously approved request, such as in increase in the number of hours or days worked per week.
- 7. Even if an off-duty employment request has been approved, the member is always required to put Service to the Air National Guard first before all other employers. Therefore, if manpower needs require it, any supervisor in the member's chain of command may temporarily suspend or curtail an authorization for off-duty employment without prior notice to the member. Members are bound by any temporary suspensions or curtailments by their supervisor(s). Proposed permanent changes must be forwarded to the Legal office and the Approval Authority IN TURN for action.
- **8.** The AF Form 3902, Application and Approval for Off-Duty Employment is attached or can be obtained at: <a href="http://www.e-publishing.af.mil/forms/formlist.asp?puborg=AF&series=3900-3999">http://www.e-publishing.af.mil/forms/formlist.asp?puborg=AF&series=3900-3999</a>.
- **9.** Failure to comply with this instruction is punishable under Article 92 of the Uniform Code of Military Justice.

#### **AUTHORITY:**

Public Law 103-353 Uniformed Services Employment and Reemployment Rights Act 10 U.S.C. 973(b)

DoD Directive 1344.10, *Political Activities by Members of the Armed Forces on Active Duty* DOD 5500.7-R, *Joint Ethics Regulation* 

AFI 44-102, Community Health Management

ANGI 36-101, Active Duty Guard / Reserve Program

MARIA A. FALCA-DODSON Major General, NJANG Commander

Attachment

AF Fm 3902 – Application and Approval for Off-Duty Employment

## Attachment 1

APPLICATION AND APPROVAL FOR OFF-DUTY EMPLOYMENT							
PRIVACY ACT STATEMENT  AUTHORITY: 10 U.S.C. 974; 10 U.S.C. 8013; Executive Order 9397; DoD 5500.7-R, Sections 2-206 and 2-303. PRINCIPAL PURPOSE(S): Provide information for commanders to evaluate proposed off-duty employment, grant approval, and determine impact on duty performance.  ROUTINE USE(S): Records may be disclosed for any of the blanket routine uses published by the Air Force. DISCLOSURE: Disclosure of SSN is voluntary. Failure to provide the information could result in disapproval of request for off-duty employment.							
SECTION I APPLICANT DATA AND CERTIFICATION (Completed by Applicant)							
1. LAST NAME, FIRST NAME, MIDDLE INITIAL 2. GRADE 3. SSN 4. AFSC							
ORGANIZATION OFFICE SYMBOL ADDRESS			6. DUTY PHONE	7. DUTY TITLE			
8a. NAME OF E	EMPLOYER			8b. BUSINESS ADDRESS			
		RTMENT OF DEFENSE CONTRACTOR?  (2) NO (3) DON'T KNOW	8d. PHONE NUMBER				
(1) Y							
9. TITLE OF PO	DSTITION OF	OFF-DUTY EMPLOYMENT	10. OFF-DUTY PERIOL	TY PERIODS OF EMPLOYMENT (Days per week; hours per day)			
11. JOB DESCR	RIPTION (C	ontinue on reverse side)	12. NORMAL PERIODS	OF MILITARY DUTY (Days per wee	ek; hours per day)		
I certify that I understand the applicable provisions of the Joint Ethics Regulation (DoD 5500.7-R). I further certify that the off-duty employment for which I am applying (Mark applicable block): (Note: explain in detail on the reverse of this form any answer that results in checking a box "will." Checking a box "will" does not automatically result in disapproval, but does require an explanation).							
WILL NOT a. b.							
	12. Bring discredit upon the Air Force Department of Defence or U.S. Covernment						
	13. Bring discredit upon the Air Force, Department of Defense or U.S. Government.      14. Interfere with or be incompatible with my government duties.						
15. Interfere with the customary or regular employment of local civilians. (Enlisted members only)							
16. Require absences during normal military duty hours.							
<del></del>	17. Involve any expense to the Air Force or use of government facilities, property or manpower.						
<del></del>		r my safety or health.					
19	19. Involve the use of my military title or representation before any federal agency.						
20	20. Involve employment with an organization now involved in a strike.						
21. Place me in a position that might be incompatible with my rank, position or assignment.							
22. Require action at any time as a sales agent for the purpose of personal commercial solicitation of military personnel junior in rank or grade.							
23. Appear to involve a conflict of interest.							
24. Involve working for a firm or other entity that is engaged, or is endeavoring to engage, in business transactions of any sort with an agency of the Department of Defense.							
25. Violate any U.S., state or local law; ordinance; or Air Force regulation or instruction.							
26a. DATE SIGNED 26b. SIGNATURE OF APPLICANT							
SECTION II SUPERVISOR'S RECOMMENDATION							
27. RECOMMEND APPROVAL. I HAVE PERSONALLY INTERVIEWED THE APPLICANT AND I HAVE NO OBJECTION TO THE REQUESTED OFF-DUTY EMPLOYMENT.							
28. RECOMMEND DISAPPROVAL (Explain).							
29a. DATE SIGN	NED	29b. NAME AND GRADE OF SUPERVISOR		29c. SIGNATURE			
SECTION III			RECOMMENDATION				
30. APPROVAL 32. REMARKS (Continue on reverse side)							
33a. DATE SIGI	NED	33b. NAME AND GRADE		33c. SIGNATURE			
SECTION IV APPROVING AUTHORITY ACTION (Completed by Unit Commander or Delegatee)							
34. APPROVED 36. REMARKS (Continue on reverse side) 35. DISAPPROVED							
37a. DATE SIGNED 37b. NAME, GRADE AND TITLE 37c. SIGNATURE							

# Attachment 1

AF IMT 3902, 19950301 - CONTINUATION SHEET				
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