



REQUEST FOR APPROVAL OF OFFICIAL DUTY ACTIVITY

Initial Request			Revised Request			Renewal			DATE OF REQUEST						
Part I - EMPLOYEE INFORMATION															
1. EMPLOYEE'S NAME (Last, First, MI)						E-MAIL:									
						PHONE#:									
2. USDA POSITION TITLE						3. PAY PLAN/GRADE/STEP			4. SALARY						
									\$						
5. FINANCIAL DISCLOSURE FILING STATUS															
Public (OGE-278)				Confidential (OGE-450)				Collateral Duty (SEB-102)				Non-filer			
<small>ARS-PI, ERS-PI, NASS-PI, COR or COTR</small>															
6. AGENCY/PROGRAM (Address)															
7. NAME OF IMMEDIATE SUPERVISOR/TITLE						E-MAIL:									
						PHONE #:									
Part II - OFFICIAL DUTY ACTIVITY INFORMATION															
1. Nature of Official Duty Activity - Indicate the type of activity for which you request prior approval, and describe the specific duties or services to be performed (<i>if a written invitation was received, attach a copy</i>). Also provide a detailed description why this activity benefits the mission of your Agency:															
2. Outside Organization or Other Entity - Identify the outside organization or entity for which the proposed activity will be performed. Provide the name and title of a contact person. In Items 3 and 4, provide address and contact information for the outside organization or entity.															
OUTSIDE ORGANIZATION OR ENTITY NAME															
Do you currently have any outside activities/employment with this organization or entity? Yes No															
<i>If yes, please describe:</i>															
CONTACT PERSON						TITLE									



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3. Outside Organization or Entity Address and Phone Number	
STREET ADDRESS, STATE & ZIP/POSTAL CODE	E-MAIL: PHONE #:
4. Location - Indicate the location(s) where the activity or service will be performed.	
5. Travel - Indicate whether travel is involved, and if so, whether the transportation, lodging, meals, or per diem will be provided in-kind or require your Agency to pay:	
No	Yes:
In-Kind	Agency
Estimated Amount: \$ _____	
Describe:	
6. Time Provide details with respect to the duration of the activity.	
a. Period Covered From (mm/dd/yyyy): To (mm/dd/yyyy):	b. Estimated Time Devoted to the Proposed Activity <u>Hours per day</u> <u>Days Per Week</u> <u>Weeks Per Year</u>
7. Certification I certify that the statements made and information provided on this form are complete and accurate to the best of my knowledge. I understand I may not accept any compensation from an outside organization or entity for performing this activity. I also understand that I may not engage in an outside activity with this organization or entity without seeking prior approval. I may not participate in making decisions or taking actions that affect the internal business affairs of the outside organization or entity. If designated as the official Agency representative, I am, at all times, acting as a representative of the Agency and the United States. I will not serve as an officer, board member, or employee of this organization or entity; or act as a representative. I will conform to the requirements of 18 U.S.C. 201-209 and to the Standards of Ethical Conduct for Employees of the Executive Branch, 5 C.F.R. Part 2635 . Specifically, during my tenure as an Agency representative with this organization or entity, I will not:	
<ul style="list-style-type: none"> ▪ Vote on matters before the Board of Directors; ▪ Hold a fiduciary/managerial position as an officer, director, or trustee; ▪ Accept compensation or otherwise be employed by the outside organization or entity; ▪ Participate in issues related to the business or internal interests of this organization or entity; (e.g., financial management, fund-raising, personnel actions, membership) ▪ Engage in lobbying efforts or representation of this organization or entity's interest before the Federal Government; (This does not preclude you from presenting to the Agency the positions or views of the organization or entity on matters directly related to the interests of your Agency.) ▪ Actively participate in the organization or entity's activities in your personal capacity unless you receive written clearance to do so. (If you are a member, you may retain membership; you must, however, refrain from active participation e.g., fund-raising, holding office or board membership, employment, committee activities, lobbying.) 	
EMPLOYEE'S SIGNATURE/DATE	



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Part III - SUPERVISOR REVIEW/RECOMMENDATION

1. Summary of Applicable Law

As a supervisor, your obligation and the duty of the employee seeking approval for this official activity are first and foremost to USDA and the successful accomplishment of its mission. If this official activity is approved, it is part of your supervisory responsibilities to monitor the employee's compliance with applicable ethics laws and regulations.

Any outside work performed with an organization or entity must also be consistent with the authority and mission of USDA. There should be compelling agency policy reasons for official duty activities with outside organizations and entities. The activity must be avoided if the organization or entity engages in lobbying or otherwise takes public positions on matters of significant controversy involving the USDA. Such activity should be limited where it is likely that the organization or entity may become involved in legal disputes or other actions that could subject it to liability.

2. Supervisor's Statement (MANDATORY)

Describe the extent to which this activity benefits the mission of the Agency:

3. Recommendation

The undersigned supervisor, identified in Part 1, Item 7, has reviewed the employee's responses, obtained additional information where appropriate, and recommends the following action:

Recommend Approval

Recommend Disapproval If this box is checked, explain the reason(s) for disapproval in the space provided below.

Explanation of disapproval:

SUPERVISOR'S SIGNATURE/DATE

Form submission instructions:

Employees in the GS, GM, WG or similar pay grades should submit the form to the appropriate Agency Ethics contact once their supervisor signs the form. A current list of Agency Ethics Officials can be found [here](#).

Employees in the SES, RA, SL, ST, SSTS or similar senior-level pay plans should submit this form to the USDA Office of Ethics at Ethics-REE@usda.gov once their supervisor signs the form.



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Part IV - AGENCY ETHICS OFFICIAL REVIEW

1. Name of Agency Ethics Official

2. Title of Agency Ethics Official

3. Ethics Review

Review the employee's answers and the supervisor's recommendation. Indicate whether the activity can be approved or permission must be denied. *Explain your reason(s) in the Comments section below and describe any actions deemed necessary to ensure compliance with applicable ethics laws.*

Request as described may be approved

Request as described must be denied

Comments:

AGENCY ETHICS OFFICIAL'S SIGNATURE/DATE

PART V – USDA OFFICE OF ETHICS REVIEW

Concur

Do Not Concur (Explain below):

Comments:

USDA OFFICE OF ETHICS ADVISOR'S SIGNATURE/DATE