



DUAL EMPLOYMENT/OUTSIDE ACTIVITY FORM

Refer to reverse side for directions.

1. Are you self-employed or an employee of any business or profession, public or private outside NYC Transit, MaBSTOA or SIR?
Yes No

2. Are you a policy-maker (refer to MTA Code of Ethics) and requesting approval for any of the following?
 Private Employment \$1000-\$4000 Private Employment over \$4000 Public Employment over \$4000
If private or public employment is over \$4000, how much will you earn _____
Insert Amount
 Director/Officer Profit Corporation Hold Public Office Elected Appointed Partisan Non-partisan

3. Have you answered yes to question 1 or checked any of the boxes in question 2? If so, you are required to complete this form.
(Attach full descriptions of both NYC Transit position and outside activity.)

Last Name _____ First Name _____ MI _____ Pass No. _____
Home Address _____ City _____ State _____ Zip _____
Transit Authority TA/OA/SIR _____ Work Hours _____ Work Days _____
Title _____
Work Phone _____ Dept. _____ Location _____

Outside Activity _____ Phone _____
Address _____ City _____ State _____ Zip _____
Type of Business _____ Start Date _____
Position _____ Work Hours _____ Work Days _____

Does the company, firm or individual that you wish to work for conduct business with any of the following:

- 1) NYCT or other MTA agency as a prime contractor? Yes No
- 2) A subcontractor to a NYCT prime contractor or other MTA agency prime contractor? Yes No
- 3) Any other NYCT employee or other MTA agency employee? Yes No

Employee Signature _____ Date _____

I have reviewed the above and all attachments and have determined that the proposed outside activity will will not (check one) interfere with this employee's discharge of his duties with NYCT / MaBSTOA / SIR.

Department Head Signature _____ Name (print or type) _____ Date _____

FOR POLICY MAKERS ONLY. For authorization, send this form to NYC Transit Ethics Committee, 130 Livingston Plaza, Room 1207. The NYCT gives its consent to the above-stated outside activity, having determined that this request is appropriate, considering Sections 73 and 74 of the Public Officers Law, this agency's applicable policies, procedures or rules and regulations governing employee conduct, and other factors such as (specify, if appropriate):

Authorized Signature _____ Name (print or type) _____ Date _____