Ethics Disclosure Form

CONFIDENTIAL Notification of Potential Violation Public Employee Disclosure

TO:	, Designat	ed Ethics Supervisor,
	(Name)	(Agency, Board, Commission)
	cordance with AS 39.52.210, I am notify tion of the Code of Ethics by me.	ing you of a situation which may result in a
I am	requesting your determination regarding	a possible violation of:
	AS 39.52.120, Misuse of Official Posit	tion
	AS 39.52.130, Improper Gifts	
	AS 39.52.140, Improper Use or Disclo	sure of Information
	AS 39.52.150, Improper Influence in S	State Grants, Contracts, Leases or Loans
	AS 39.52.160, Improper Representation	n
	AS 39.52.170, Outside Employment R	estricted
	AS 39.52.180, Restrictions on Employ	ment after Leaving State Service
	AS 39.52.190, Aiding a Violation Prob	nibited
The s	ituation is as follows:	
	I have provided additional information	in the attached document(s).
until corre	lerstand that I should refrain from take I receive your advice. I certify to the b	est of my knowledge that my statement is true, er penalty or punishment that may apply, the
	(Public Employee Signature)	(Date)
	(Printed Name)	
	(Position Title)	(Location)
<u></u>	Division/Agency/Board/Commission)	

Note: Under AS 39.52.210, a public employee who is involved in a matter that may result in a violation of AS 39.52.110 - 39.52.190 shall refrain from taking any official action relating to the matter and immediately disclose the matter in writing to the designated ethics supervisor. A copy of this disclosure and the ethics supervisor's determination must be submitted to the attorney general with the next quarterly report.