37413 EX B As Amended.

City of Portland Disclosure of Outside Employment

As explained in <u>HRAR 4.05</u>, City employees may have additional employment outside of their positions with the City of Portland. However, *all employees must make a written disclosure regarding outside employment, including potential or actual conflicts of interest arising from outside work or business. Definitions for conflicts of interest and related terms can be found in the State Ethics Statute, ORS 244.020.

*Members of PPA, PPCOA, and other represented employees whose collective bargaining agreements require disclosure of outside work do not need to submit this form and shall follow the disclosure policies described in their agreements. Seasonal employees are not required to submit this form but must comply with the State Ethics Statute and City HR rules. Bureaus may work with BHR to tailor a more restrictive policy to meet individual bureau needs within the limits of applicable collective bargaining agreements, if any.

If you are uncertain about any potential or actual conflict, default to disclosing to your manager. Please contact your BHR representative or manager with questions or concerns about this form.

1. Employee Information
Name: Bureau: Position/Title: Date Submitted:
2. Disclosure of Outside Employment
Is your current position with the City your sole source of employment (including self-employment)? □ Yes □ No
3. Disclosure of Other Potential or Actual Conflicts of Interest
Do you have any associations outside of your City job with local service providers, contractors for the City, or with recipients of City funds? ☐ Yes ☐ No
If you responded yes to question #2 or question #3 above, your manager may request additional

If you responded yes to question #2 or question #3 above, your manager may request additional information to ensure that your outside employment is compliant with the State Ethics Statute, and the City's Outside Employment and Ethical Conduct rules.

All Employees: Conflict of Interest Resolution / Prevention Plan (If Required)		
Manager Signature	Date	