

DEPARTMENT OF HOMELAND SECURITY  
**REQUEST FOR PRIOR APPROVAL OF OUTSIDE EMPLOYMENT/ACTIVITY**  
 (Contact your [ethics official\(s\)](#) with questions.)

**Section 1: Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the Department of Homeland Security (“DHS” or “the Department”) is requesting the information on this form.

**AUTHORITY:** 5 C.F.R. Part 2635, Subpart H; 5 C.F.R. Part 4601

**PURPOSE:** To enable DHS ethics officials to render ethics advice to employees considering employment or other activities during their appointment to DHS. DHS ethics officials will use this information to determine whether the requested outside activity is prohibited by statute, regulation, or other policy.

**ROUTINE USE(S):** The information requested on this form will be used and disclosed pursuant to OGE/GOVT-1 SORN covering Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Records, as amended in the Federal Register. The information requested on this form may be shared externally as a “routine use” to other individual organizations under valid authority to include: (1) a federal, state, or local law enforcement agency or court of law; (2) an organization conducting an authorized audit of the DHS ethics program; (3) a source when necessary to obtain or deliver information relevant to a conflict-of-interest investigation or decision; or (4) other uses as deemed necessary. The Department’s system of records notices can be found on the Department’s website at <http://www.dhs.gov/system-records-notices-sorns>.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide the requested information may delay the requisite prior approval to engage in certain outside employment or activities as provided in 5 C.F.R. § 2635. 803 and § 4601.103 or nullify the safe harbor provisions in 5 C.F.R. § 2635.107.

**Section 2: Employee’s Information**

1. Name (Last, First Middle):

2. Employing Office/Organization/Division:

3. Duty Station (City, State):

4. Official DHS Position/Title:

5. Employee Type:

6. Financial Disclosure Filing Status:

7. E-Mail Address:

8. Telephone Number:

9. [Attach](#) your position description and/or describe your official duties, including any acting roles or detail assignments.

*\* All fields must be completed before submitting this form.*

**Section 2: Proposed Outside Employment/Activity**

1. Name of Organization or Employer:		
2. Type of Request:	3. Position Title:	
4. Website:		
5. Physical Address (if no website):	6. Compensated	Uncompensated
	# of Hours Per Week:	_____
7. Describe duties/responsibilities of this position and how they may relate to your DHS duties including contracts, grants, or agency programs. You may <a href="#">attach</a> the position description or provide a link to the job announcement.		

**Section 3: Potential Conflict with DHS Duties**

1. Do you interact with the outside organization in the performance of your DHS duties?	Yes	No
2. Does this position require you to communicate or appear before other federal employees?	Yes	No
3. Does the outside organization do business with DHS?	Yes	No
4. a) Does the organization receive federal funds (e.g., contract, grant)?	Yes	No
b) If "Yes", and you will be compensated, will you be paid with federal funds? N/A	Yes	No
5. If you answered "Yes" to any questions in <b>Section 3</b> , provide a detailed explanation.		

**Section 4: Certification**

I certify that the information provided on this form is true and accurate to the best of my knowledge. By signing below, I understand that I remain subject to internal DHS policies, including, but not limited to, human resources (e.g., leave) and personnel security. I also understand that I must engage in this proposed outside employment or activity in accordance with the law, regulations, and Departmental and agency policies, regardless of whether prior approval is required.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* All fields must be completed before submitting this form.**

**Section 5: Supervisory Review**

Per [DHS Management Directive 0480.1](#), a first-line supervisor must review the employee's outside employment/activities to assist in determining if there is any conflict of interest with the employee's official duties or the appearance thereof.

1. Supervisor's Name:

2. Official DHS Position/Title:

3. E-Mail Address:

4. Telephone Number:

5. a) Is there a likelihood that the outside organization will come before the requesting employee in the performance of their official duties? Yes                      No

b) If "Yes", will this interaction create a substantial conflict (one that requires the employee's recusal from matters so central or critical to the performance of the employee's official duties that the employee's ability to perform the duties of their position would be materially impaired? N/A                      Yes                      No

6. If you answered "Yes" to any questions in **Section 5**, provide a detailed explanation.

7. Supervisor's recommendation, considering any potential for conflict:

8. Supervisor's comments & signature:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 6: Legal Review**

Activity Type:

Approval is:

Determination:

Ethics Official's Comments:

Ethics Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_