UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS
AGRICULTURAL MARKETING SERVICE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION

EMPLOYEE'S NAME & TITLE

| REQUEST TO ENGAGE IN NON-FEDERAL<br>EMPLOYMENT OR ACTIVITY  | AGENCY                | SERIES & GRADE  | DUTY STATION   |  |
|---|-----------------------|---|--|--|
| YOUR PROSPECTIVE OUTSIDE EMPLOYMENT OR ACTIVITY   |                       |   |  |  |
| NAME OF PROSPECTIVE EMPLOYER  | ADDRESS OF PROSE      | PECTIVE EMPLOYER  |  |  |
| NATURE OF PROPOSED OUTSIDE EMPLOYMENT (Describe duties)   | DESCRIBE OFFICIAL     | DESCRIBE OFFICIAL DUTIES THAT RELATE TO THE PROPOSED EMPLOYMENT |  |  |
| METHOD OF COMPENSATION  SALARY OR FEE PER DIEM HONORARIUM ROYA  | LTIES STOCK OPTION    | ONS TRAVEL & EXPENSE  | S OTHER  |  |
| IS COMPENSATION DERIVED FROM A USDA GRANT, CONTRACT, COOPERATIVE AGREEMENT, OR OTHER SOURCE OF USDA FUNDING?  YES NO  |                       | A USDA GRANT, CONTRACT, CO                                      | S, IS THE CLIENT RECEIVING OR<br>DOPERATIVE AGREEMENT OR |  |
|   |                       |   |  |  |
| IS TEACHING, SPEAKING, WRITING, OR EDITING INVOLVED? IF 'YES', INDICATE PROPOSED TEXT OF ANY DISCLAIMER REQUIRED BY 5 CFR 2635.807(b).  YES  NO   |                       |   |  |  |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I HAVE REVIEWED AND AM FAMILIAR WITH THE PROVISIONS OF THE STANDARDS OF ETHICAL CONDUCT (5 CFR 2635.801-807), AND |                       |   |  |  |
| USDA BULLETIN 735-1, EMPLOYEE RESPONSIBILITIES AND CONDUCT, WITH RESPECT TO NON-FEDERAL EMPLOYMENT AND ACTIVITIES.  SIGNATURE   |                       |   |  |  |
| SIGNATURE   |                       |   | DATE   |  |
| REVIEW AND APPROVAL (To be completed by reviewing officials)  |                       |   |  |  |
| SIGNATURE & TITLE  APPROVAL NOT RECOMMENDED   | OF IMMEDIATE SUPERVIS | SOR   | DATE   |  |
| COMMENTS (Immediate supervisor should indicate reasons for recommending disapproval)  |                       |   |  |  |
| SIGNATURE & TITLE  APPROVED DENIED  | OF SECOND-LINE SUPER  | VISOR*  | DATE   |  |

\*SECOND-LINE SUPERVISOR: PLEASE FORWARD YOUR DECISION VIA THIS FORM TO THE EMPLOYEE, IMMEDIATE SUPERVISOR, AND MISSION AREA ETHICS ADVISOR (1400 INDEPENDENCE AVE., SW, ROOM 1709, WASHINGTON DC 20250)