

STATE ETHICS COMMISSION  
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**REQUEST TO ADD POSITION TO FINANCIAL DISCLOSURE LIST (Form No. 9)**

Use this form when adding a position (job) to the financial disclosure list applicable to your Department or Agency. If a person is being added because he or she has assumed a position (job) already on the list, use Form No. 9A.

Name of Department or Agency: \_\_\_\_\_

Position's Agency Address: \_\_\_\_\_

\_\_\_\_\_

Agency Code: \_\_\_\_\_

Name of Person To Be Added: \_\_\_\_\_

Person's E-mail Address: \_\_\_\_\_

Position or Job Title: \_\_\_\_\_

PIN Number: \_\_\_\_\_

(If in State Personnel System)

Salary Grade: \_\_\_\_\_

(Or compensation if not State graded)

**REASON FOR ADDITION OF POSITION TO LIST – CHECK ALL APPLICABLE BOXES**  
**READ APPLICABLE MEMOS CAREFULLY!**

- SALARY AND DUTIES (See Information Memo #9)
- DUTIES RELATING TO CONTRACTS (See Information Memo#10)
- FACULTY MEMBER IMPACTING ON PROCUREMENT (See Information Memo #11)

**Please attach an entire MS-22 or other position description.**

Signature of Department or Agency representative authorized to make this request. (Persons making these requests must be authorized by the Head of the Department or Agency involved.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name