

STATE ETHICS COMMISSION  
45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS MD, 21401  
410-260-7770

**REQUEST TO DELETE POSITION FROM FINANCIAL DISCLOSURE LIST (Form No. 8)**

**Use this form to request the deletion of a position** (job) from the financial disclosure list applicable to your Department or agency. **To request the deletion of a person**, rather than the position, from the list, **use Form No. 8A.**

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

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

Name of Person in Position to be Deleted: \_\_\_\_\_

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

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

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

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

(Or compensation if not State graded)

**REASON OR REASONS FOR DELETION FROM LIST - CHECK ALL THAT APPLY**

- Salary and Duties Not Applicable (See Informational Memo #9)
- Duties Relating to Contracts Not Applicable (See Informational Memo #10)

In the space below briefly explain the reasons why the duties of a position no longer require the filing of a financial disclosure statement. Consult applicable Commission memos or regulations explaining who must file financial disclosure before preparing this explanation. Clarify whether the duties are being changed or the position is being abolished. Also, attach a job description or describe in detail the current duties.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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