

REQUEST TO ADD PERSON (FORM 9A)

DEPARTMENT OR AGENCY: _____

PERSON MAKING REQUEST: _____

AGENCY ADDRESS: _____

DATE: _____

AGENCY CODE: _____

Use this form to notify the State Ethics Commission when a person is placed in a position already required to file financial disclosure statements. **DO NOT** use this form to add a **position** (job) to the list. Use Add Position Form 9 for those purposes.

Name of Employee	PIN #	Position or Job Title	Grade or Salary	Employee's Email AND Phone #	Date Employee Assigned to Position	Name and PIN of Person Previously in Position or Having the Same Job Duties	Address Where Employee Can Be Reached

If the person was not previously in a position requiring financial disclosure, advise him/her of the requirement to **file a financial disclosure statement electronically** with the State Ethics Commission within **30 days** of beginning in the position that requires him/her to file a financial disclosure. Employees newly added to the financial disclosure listing are also required to attend a **2-hour ethics training session** within 6 months of the date they are identified.

REQUEST TO DELETE PERSON (FORM 8A)

Use this from to request the deletion of the name of a person who was required to file financial disclosure and leaves his or her position. **DO NOT** use this form to delete a position (job) to the list. Use Delete Position Form 8 for those purposes.

Name of Employee	PIN #	Position or Job Title	Grade or Salary	Employee's Email	Last Date In Position	<u>Please List Reason for Deletion:</u> Termination / Resignation / Retirement / Or Reassigned and to Which Agency	Forwarding Address or Phone Number

If the person is not being reassigned to a State position requiring financial disclosure, advise him/her of the requirement to file a Financial Disclosure **Termination Statement electronically** with the State Ethics Commission within **60 days** of terminating a position required to file financial disclosure.