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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

Ethics Commission Form No. 8
(May 9, 2017)