## **All Agency Outside Activities and Employment Request**



## HR-EMP-304

Ethics-001

This OAR form should only be used by employees or prospective new hires who cannot access the MTA Outside Activity Management System (OAMS)

Section 1 - Information and Instructions (Please contact your Corporate Compliance Officer prior to completing this form)

1) Employees who wish to engage in an Outside Activity or employment, must complete the All Agency Outside Activities and Employment Request form (OAR) and obtain MTA's approval prior to engaging in an Outside Activity. In addition to completing the OAR, employees in a Policy-Making position, may also be required to complete the **New York State Commission of Ethics and Lobbying in Government** ("COELIG") Outside Activity Form. (See the MTA Code of Ethics or the All Agency Outside Activities and Employment Policy Directive for definitions and additional Information).

2) Prospective new hires who wish to continue their outside activity or employment must file an OAR prior to their start date with the MTA. If the request is subsequently denied, the prospective new hire will be required to terminate the activity or employment within two (2) days of receiving a determination or, within a reasonable time frame requested by the prospective new hire with the approval of Corporate Compliance.

3) Employees must discuss their request with either supervisor and/or Corporate Compliance prior to completing this form to ensure all required information and supporting documentation are submitted regarding their outside activity/employment. Employees serving in Public-Safety positions and Safety-Sensitive titles must also consult with supervisors and review their Agency procedures for additional requirements or restrictions. Prospective new hires should contact Corporate Compliance with any questions or concerns with their OAR.

4) Incomplete OARs after 30 days will be denied by Corporate Compliance; however, Employees may submit a new OAR.

5) A Outside Activity Certification will be required at a minimum annually for non-represented employees and at a minimum every three years for represented employees. Certification maybe required more frequently based upon an employee's position.

6) Completed OAR forms are to be submitted to **Compliance@mtahq.org** with your job description. Contact your agency's respective People Department to obtain your job description if you do not have it.

Section 2 - Employee Inform	nation							
Employee Name			Policy Maker Pre-Hire	Yes Yes		Date of Request		
Employee Title			BSC ID			Agency ID#(If Applicable)		
Agency			Department					
Telephone Number			E-mail Address					
Employee Work Location			-					
Current Work Schedule (Days)	Current Work Hours							
Section 3 - Description of C	outside Ac	ctivity/Employment						
Name of Organization	Your Proposed	Your Proposed Title/Position						
Organization's Street Address								
City State				Zipcode				
Does the Organization conduct	ntractor or	Subcontractor An	iy MTA Employee ttached Separate \$			eraction 🗌 Not Sur d)	e	
Section 4 - Category of Out	side Activ	vity Request (Check all	that Apply) *	Must c	ompl	ete NYS COELIG Activit	y Approval Form	
Annual Compensation of \$5,000 and under	exce	ual Compensation in ess of \$5,000* ual Amount: \$	Business Ve PLLC, LTD e Est. Annual Gross Revenue: \$	etc) Est	LC,	Corporate Officer or Director* Director Director	Appointed Public Office* Elected Public Office*	
Section 5 - Acknowledgeme						-		
I attest that to the best of my kno Outside Activities and Employme time or using MTA's resources a	ent Policy D	Directive which I have review	wed. Further, the C	Dutside A	Activity	described above will not be		
Employee Signature						Date		



## Section 6 - Supervisor Review

I have reviewed this OAR to ensure complete responsibilities. Based on my review, I am ma	ness and accuracy including whether the proposed active aking the recommendation indicated below.	vity would interfere with the employee's MTA	
Signature	Approved	Date	
	Denied		
Print Name		BSC ID	
Section 6A - Additional Agency Review	ver (Optional)		
Signature	Approved	Date	
	Denied Reviewed		
Print Name	L	BSC ID	
Section 6B - Additional Agency Review	ver (Optional)		
Signature	Approved	Date	
	Denied Reviewed		
Print Name	BSC ID		
Section 7 - Department Head Review			
	Outside Activities and Employment Policy Directive incompliance. Based on my review, I make the recommendat		
Signature	Approved	Date	
	Denied		
Print Name	L	BSC ID	
Section 8 - Corporate Compliance Rev	iew		
	Outside Activities and Employment Policy Directive inc ppliance. Based on my review, I make the recommendat		
Signature	Approved	Date	
	Denied		
Print Name			
Section 9 - Chief Ethics, Risk & Compl	liance Officer Review (Required for all Policy Ma	akers)	
	Outside Activities and Employment Policy Directive inc pliance. Based on my review, I make the recommendat		
Signature	Approved	Date	
Print Name	· · ·	·	