



## REQUEST FOR ETHICS APPROVAL TO ENGAGE IN OUTSIDE EMPLOYMENT AND ACTIVITIES

Please read the DI-7010 Instructions and complete Parts I through IV below before submitting this form to your ethics official.  
**Questions?** Please consult the DI-7010 Frequently Asked Questions (FAQs) at: [www.doi.gov/ethics](http://www.doi.gov/ethics).

### Part I: Employee's Information

*\*required fields*

1. Employee's Full Name:*	2. Employee's Official Title and Grade:*
3. Employee's Email Address:*	4. Employee's Telephone Number:*
5. Employee's Bureau/Office:*	6. Employee's Duty Location (City and State):*

7. Employee's essential job duties/functions:\*

*Please provide a succinct description of the essential duties/functions of your Federal position and a copy of your position description.*

### Part II: Proposed Outside Employment/Activities

*\*required fields*

8. Name of prospective outside employer or other entity:*		
9. Address of prospective outside employer or other entity (Street Address, City, State, and ZIP Code):*		
10. Website of prospective outside employer or other entity:		
11. Proposed position or title:*		
12. Start Date:*	13. End Date:	14. Hours per week:*
15. Compensation: * <input type="radio"/> Unpaid/Uncompensated <input type="radio"/> Compensated Salary/Payment/Other (i.e., travel expenses, etc.):		

**16. Description:\***

*Please provide a description of: (a) the nature of the proposed outside employment/activities; (b) whether the proposed employment/activities relate to the duties/functions of your Federal position and/or the work of the Department; and (c) any additional relevant information.*

**Part III: Employee's Signature**

*\*required fields*

**17. Employee Certification**

*By signing, I affirm that the information above is true, complete, and correct to the best of my knowledge. I understand that my supervisor and an ethics official will review this information, and an ethics official will provide further written guidance as to whether I am approved to participate in the proposed outside employment/activities described above. I also affirm that I currently have no official duties/functions involving a matter that affects the outside entity and will disqualify myself from future participation in official matters that could directly affect the outside employer/entity. By signing, I affirm that I will submit a revised request upon significant change in either the nature of the outside employment/activities or my official duties/functions or position.*

18. Employee's Signature:\*

19. Date:\*

**Part IV: For the Supervisor**

*\*required fields*

**20. Supervisory Recommendation**

*I affirm that I have reviewed the information included on and attached to this form, and I have also considered whether the proposed outside employment/activities would require the employee's disqualification as a result of the proposed outside employment/activities from matters so central or critical to the performance of the employee's official duties that the employee's ability to perform the duties/functions of the Federal position would be materially impaired. Further, I hereby:*

*RECOMMEND*    *DO NOT RECOMMEND*   *that the employee's request to engage in the proposed outside employment/activities be approved by the ethics official.*

21. Supervisor's Full Name:\*

22. Supervisor's Signature:\*

23. Date:\*

24. Supervisor's Telephone Number:\*

25. Supervisor's Email Address:\*

26. Supervisor's Comments (optional):

Part V: For the Ethics Official		*required fields
<b>27. Ethics Official Determination</b> <i>I have reviewed the information about the proposed outside employment/activities included on and attached to this form and have considered whether the proposed outside employment/activities involve conduct prohibited by statute or Federal regulation, including 5 C.F.R. Part 2635 and 5 C.F.R. Part 3501. Consistent with written guidance provided to the employee on the date indicated below, I have determined that the request is:</i>		
<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED		
28. Ethics Official's Full Name:*	29. Ethics Official's Signature:*	30. Date:*
31. Ethics Official's Telephone Number:*	32. Ethics Official's Email Address:*	
33. Date Ethics Guidance Provided to Employee:*		

This information is collected under 5 U.S.C. App., Ethics in Government Act of 1978; Ethics Reform Act of 1989 (Pub. L. 101-194), as amended; E.O. 12674, as modified; and 5 C.F.R. § 2635 Subpart H; and 5 C.F.R. § 3501.105 for the purpose of administering the DOI Ethics Program and assuring compliance with ethics laws and regulations. Information will be used to determine any actual or apparent conflict of interest for employee engaging in outside employment and activities under relevant ethics regulations. Information may be shared with the U.S. Office of Government Ethics (OGE) as required under the Ethics in Government Act of 1978 and relevant ethics regulations; to a source when necessary and relevant to a conflict-of-interest investigation or determination; or to an agency or organization as authorized under the Privacy Act or a published routine use outlined in the OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records, 84 FR 47303 (Nov. 8, 2019), which may be viewed at <https://www.federalregister.gov/documents/2019/09/09/2019-19372/privacy-act-of-1974-systems-of-records>. Disclosure is voluntary, however, not providing information may delay or result in denial of the employee's request to engage in the requested outside employment or activity.