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## Appendix II

### Request for Political Activity Authorization

(Please refer to DHR Human Resource/Personnel Policy #1202 prior to completing this form)

*To be completed by the Employee:*

Name of Employee:

Date:

Job Title:

Organizational Unit:

***PLEASE COMPLETE IF SEEKING POLITICAL POSITION:***

Position sought:

Description of duties of political position:

When will the election or appointment take place?

What is the term of office?

Would political appointment/election be full-time or part-time?

Is election considered partisan or non-partisan?

Will there be any possible interference with the DHR position?

***PLEASE COMPLETE IF REQUESTING PERMISSION TO PARTICIPATE IN OTHER POLITICAL ACTIVITIES:***

Name of Organization, Political Group, Committee, etc:

Description of political activity or involvement:

Are you seeking a position as an officer?

If yes, please indicate official title and duties:

Are you requesting permission to be a delegate to a political convention?

If yes, describe potential duties:

Will there be any possible interference with the DHR position?

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I understand that as an employee of the Department of Human Resources, I am not allowed to participate in any form of political activity or engage in any political activity in violation of Federal or State laws or DHR policy. I have reviewed DHR Human Resource/Personnel Policy #1202—Political Activity.

To my knowledge the above stated information is an accurate disclosure of facts regarding my political activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting Employee's Signature

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**To be completed by the Division/Office Director or Authorized Designee:**

Is the requesting employee's principal employment connected with an activity that is financed in whole or in part by loans or grants from the Federal government?

Would the political appointment or other political activity create a conflict with current position duties or give the appearance of a conflict of interest?

If yes, explain:

Request *approved/denied* (circle one):

Reason(s) for denial:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division/Office Director or Authorized Designee's Signature