



OFFICE OF EXECUTIVE INSPECTOR GENERAL FOR THE ILLINOIS STATE TREASURER

Revolving Door Notification of Non-State Employment Offer

Please note that, if your state position has been identified as being subject to Section 5-45(c) of the State Officials and employees Ethics Act, 5 ILCS 430/5-45(c), you are required to submit this form to the OEIG and notify the Treasurer's ethics officer **before** accepting any new offer of employment or any new offer from a prospective client that you receive during state employment or within a period of one year after the date of termination of your state employment.

I. Personal Information

State employee's or former State employee's full name:

Personal street address: City:

State: Zip code: Home phone:

Personal cell phone: State work phone or cell phone:

Personal e-mail: State e-mail:

Date of hire by state: Date of birth:

Date of hire by current or last State agency for which you worked:

End date or anticipated end date of State employment:

II. State Employment Information

State employment status: I am notifying the OEIG of an employment offer because (check all that apply):

- Current State employee
- Former State employee
- I participated in the issuance of contracts or change orders.
- I participated in regulatory or licensing decisions.
- I am required to notify the OEIG under 5 ILCS 430/5-45(f).

Provide the following information for all job/working titles you held during the past year. Use a separate sheet if necessary.

	Position 1		Position 2
Job/working title:	<input style="width: 200px; height: 20px;" type="text"/>	Job/working title:	<input style="width: 200px; height: 20px;" type="text"/>
State agency:	<input style="width: 200px; height: 20px;" type="text"/>	State agency:	<input style="width: 200px; height: 20px;" type="text"/>
Responsibilities:	<input style="width: 200px; height: 50px;" type="text"/>	Responsibilities:	<input style="width: 200px; height: 50px;" type="text"/>
Supervisor name:	<input style="width: 200px; height: 20px;" type="text"/>	Supervisor name:	<input style="width: 200px; height: 20px;" type="text"/>
Supervisor title:	<input style="width: 200px; height: 20px;" type="text"/>	Supervisor title:	<input style="width: 200px; height: 20px;" type="text"/>
Supervisor phone:	<input style="width: 200px; height: 20px;" type="text"/>	Supervisor phone:	<input style="width: 200px; height: 20px;" type="text"/>
Dates position held:	<input style="width: 200px; height: 20px;" type="text"/>	Dates position held:	<input style="width: 200px; height: 20px;" type="text"/>

III. Prospective Employment Information

Prospective employer's name:

Supervisor name:

Job/working title:

Supervisor phone:

Responsibilities:

Describe your prospective employer and its ownership and corporate structure, including the identity of its parents and subsidiaries, if any (use a separate sheet if necessary):

IV. Prospective Client Information

* Complete this section only if you expect to receive compensation directly from one or more of your own clients. You are required to submit a separate Notification of Offer form for each prospective client.

Prospective client's name:

Services to be provided:

Describe the prospective client, and, if applicable, its ownership and corporate structure, including the identity of its parents and subsidiaries, if any (use a separate sheet if necessary):

V. Prospective Employer or Client's Contracting, Regulatory or Licensing Involvement with the Illinois State Treasurer

Please answer "Yes" or "No" to the following question:

Has the prospective employer or client entered into any contracts with, or been the subject of any regulatory or licensing decisions by the Illinois State Treasurer, within the past 12 months?
(You must verify this information with the prospective employer or client.)

Yes

No

Name, phone number and e-mail address of the individual at the prospective place of employment or the client who verified the information in the question above.

If the prospective employer or client entered into contracts with, or was the subject of regulatory or licensing decisions by the Illinois State Treasurer within the past 12 months, please provide the names, phone number and e-mail addresses of the individual(s) they were in contact with at the Office of the Illinois State Treasurer.

VI. Employee's Contracting, Regulatory or Licensing Involvement with Prospective Employer or Client

Please answer "Yes" or "No" to the following question.

Yes No

- 1.) In the year prior to termination of State employment, did you have any dealings or interactions with your prospective employer or client, its employees or agents, or its parent or subsidiary, other than interviewing for the prospective employment or business relationship?

If you answered "Yes" to the previous question, please elaborate below and use a separate sheet if necessary.

- a) Provide detailed information regarding the nature of these dealings, including the names and phone numbers of the employees of the prospective employer or client you had these dealings with.

- b) If you participated in the award of a State contract(s), issuance of State contract change orders or any regulatory or licensing decisions involving your prospective employer or client, please describe these activities, including the monetary value of the contract(s) and a detailed description of your personal involvement in each:

VII. Additional Information

Is there any additional information that might be relevant and helpful to the OEIG in making a determination of eligibility for employment or compensation? If so, please state it here. Use a separate sheet if necessary.

VIII. Certification

I certify and solemnly affirm that all the information provided in the attached Revolving Door Notification and all attachments are true, accurate, complete, to the best of my ability, and reflects the full extent of my participation in the award of any State contracts or the issuance of State contract change orders or regulatory or licensing decisions applicable to the prospective employer or client or its parent or subsidiary during the preceding year or during the year preceding termination of my State employment. I understand that should it be determined that the information provided by me, by means of my written notification to the Office of Executive Inspector General for the Illinois State Treasurer and/or provided by me during a related interview conducted by the OEIG is not true, accurate, and complete, to the best of my ability, I may be found to be in violation of the State Officials and Employees Ethics Act (5 ILCS 430/5-45) and/or other applicable laws.

Signature

Print Full Name

Date

IX. Instructions For Submission

Please submit a completed copy of this form to the OEIG at:

oeig@illinoistreasurer.gov or oeig@illinoistreasurer.gov

or

Office of Executive Inspector General
Attn: Revolving Door Determinations
Illinois State Treasurer
Marine Bank Building
1 East Old State Capitol Plaza
Springfield, IL 62701

If you have any questions or require assistance to complete this form please contact:

Heather A. Stone, Executive Inspector General
(217) 557-1972
HStone@illinoistreasurer.gov

Laura Duque, Ethics Officer
(312) 814-3573
LDuque@illinoistreasurer.gov

X. Statement of Division Head

Please review Sections II, III, IV, V, VI and VII of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

Please state whether you, as the employee's supervisor, believe that the current or former State employee should be barred from accepting the employment or compensation offer. **Yes** **No**

If you answered "Yes" to the question above, please provide an explanation of any conflicts or other issues of which you are concerned:

Certification

I have reviewed the above information and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in Sections II, III, IV, V, VI, VII and X of this form are accurate. If necessary, I have provided information to make the responses more complete.

Signature of Division Head

Print Full Name

Date

XI. Statement of Ethics Officer

Please review Sections II, III, IV, V, VI, VII and X of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

Please state whether you, as the Ethics Officer for the Illinois State Treasurer believe that the current or former State employee should be barred from accepting the employment or compensation offer. **Yes** **No**

If you answered "Yes" to the question above, please provide an explanation of any conflicts of interests or other issues of which you are concerned:

Has the prospective employer entered into contracts, change orders or been the subject of any licensing or regulatory decisions by the Illinois State Treasurer in the past 12 months? **Yes** **No**

If you answered "Yes" to the question above, please describe the contract(s) or change order(s) and names of the employees involved from the Office of the Illinois State Treasurer:

Certification

I have reviewed the above information and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in Sections II, III, IV, V, VI, VII, X and XI of this form are accurate. If necessary, I have provided information to make the responses more complete.

Signature of Ethics Officer

Print Full Name

Date