State of New Jersey
Department of the Treasury
Office of Ethics Compliance
Supervisory Conflicts of Interest Certification

This certification is made in accordance with the New Jersey State Ethics Commission regulations, *N.J.A.C.* 19:61-5.7, and the Uniform Ethics Code, which prohibits a State officer or employee, or Special State officer, from supervising or exercising authority with regard to personnel actions over a relative*, or someone with whom I have a consensual personal relationship**. By my signature below, I certify that I have undertaken a review of the employees under my supervision/chain of command and have made the following determination:

Check One:

☐   I do not supervise, control or exercise authority with regard to personnel actions over a relative, or someone with whom I have a consensual personal relationship.

☐   I do supervise, control or exercise authority with regard to personnel actions over a relative, or someone with whom I have a consensual personal relationship. (If box is checked, indicate in space provided, name, title and relationship of subordinate who is your relative or with whom you have a consensual personal relationship).

Print Name: _____   _____
                                                      Signature

Title: _____

Division: _____   _____
                                                       Date

* Relative means an individual's spouse or the individual's or spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, step brother, stepsister and half brother, or half sister, whether the relative is related to the individual or the individual's spouse by blood, marriage or adoption.

** Consensual personal relationship means marriage, cohabitation, engagement, dating and other on-going romantic or sexual relationships.

Note: This form should be sent to the Ethics Liaison Officer, PO Box 210 after it is completed, printed and signed. A copy will be placed in the affected employee(s) personnel file.

Ethics Liaison Officer (check one)

☐ **Approved**   ☐ **Disapproved**   _____
                                                          Signature

_____
                                        Date

Comments and/or reason for disapproval: