

REQUEST FOR POLITICAL ACTIVITY AUTHORIZATION

(Please refer to County Board of Health Personnel Policy #1202 prior to completing this form)

To be completed by the Employee:

Name of Employee _____ Date _____

Job Title _____ Work Site _____

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 CBH 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? No _____ Yes _____
If yes, please indicate official title and duties _____

- ◇ Are you requesting permission to be a delegate to a political convention?
No _____ Yes _____ If yes, describe potential duties _____

Political Activity

◇ Will there be any possible interference with the CBH position? _____

I understand that as an employee of the County Board of Health, 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 CBH policy. I have reviewed County Board of Health 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

To be completed by the Supervisor/Health Director or Authorized Designee:

◇ Is the requesting employee's principal employment connected with an activity which is financed in whole or in part by loans or grants from the Federal government? No _____ Yes _____

◇ Would the political appointment or other political activity create a conflict with current position duties or give the appearance of a conflict of interest? No _____ Yes _____ If yes, explain _____

Request ***approved / denied*** (circle one)

Reason(s) for denial _____

Date District Health Director or Authorized Designee's Signature