

Conflict of Interest Acknowledgement and Outside Employment Form

EMPLOYEE IN	IFORMATION				
Employee:	Employee ID:				
Classification/Working Title:	Office/Division:				
	All LOPD employees are required to avoid conflicts of interest, and to disclose potential conflicts, including those that				
may arise from outside employment or financial interests the					
	vledgment and Outside Employment Form, and to update it				
annually and if their circumstances change. The Chief Public Defender, or their designee, must approve all outside					
employment and must determine any action to be taken on	potential conflicts.				
The New Mexico Administrative Code (NMAC) 1.8.4.10 a	ddrossing Conflicts of Interest can be found HERE. The				
LOPD Code of Conduct can be found HERE.	duressing connicts of interest can be round <u>HERE</u> . The				
	INTERESTS				
LOPD employees must disclose any employment or financia					
parents, children or siblings) in a business (including owners					
its clients, or contractors) that may be affected by the acti					
will make the final determination as to whether this is a conflict of interest and appropriate action required, as					
provided in New Mexico Administrative Code (NMAC) 1.	8.4.10 B. (1)(2)(3).				
☐ Neither I nor my family members have employ	ment or a financial interest in a business that may				
be affected by the actions of the LOPD.					
OR					
\square I or my family members have the following employment or a financial interest in a business that					
may be affected by the actions of the LOPD:					
Name of Business					
Address (Number, Street, PO Box and/or Rural Ro	ute) City State Zip code				
Employee or Family Member and their Role in the Business					
Deletion by a Constitution D					
Relationship of Business to LOPD					
Attach additional pages for additional conflicts of in	terest.				

Sign and route to immediate supervisor through the chain of command to the Division Director for approval/denial.

OUTSIDE EMPLOYMENT

Before an employee of the LOPD may engage in outside employment (including self-employment and consultant work), the Outside Employment and Conflict of Interest Acknowledgement Form must be completed and approved by the employee's supervisor and the Chief Public Defender or his or her designee, as provided in New Mexico Administrative Code (NMAC) 1.8.4.10 A. (1)(2), found HERE.

All employees are expected to place the responsibility and obligations of their position and assignment with the LOPD first and shall only be permitted to engage in outside work subject to the following conditions:

- There must not be any conflicts of interest between the outside work and the work of the LOPD. All potential conflicts that may arise must be disclosed.
- Outside employment cannot include the private practice of law, whether paid or unpaid.
- The outside employment must not interfere with the work of the LOPD or otherwise adversely affect the efficiency, quality, and effectiveness of the employee's work with the LOPD.
- No outside employment can be conducted on LOPD premises; and no LOPD office equipment, supplies, machines or technical data can be used for such work.
- Approved outside work must not occur during hours the employee is expected to work for the LOPD unless approved time off is authorized.
- Employees may not solicit business from fellow employees under coercive or intimidating circumstances.
- Outside work may not be performed for a person or contract employee with whom the LOPD has a current contract without prior written approval of the Chief Public Defender or his or her designee.
- No LOPD employee may be compensated by any person or business for any duties that the employee has an obligation to perform for the LOPD.
- Outside work may not require the use of confidential or inside information that the employee

•	volunteer or contractor has access.	i or misiae imormat	ion that the em	pioyee,		
□ I do n	ot have any outside employment, paid or unpaid	l.				
OR						
☐ I am requesting approval of the following outside employment:						
Name of	Outside Employer:					
Address	(Number, Street, PO Box and/or Rural Route)	City	State	Zip code		
Supervis	or and Contact Phone Number and email:					
This will	be for \square paid employment \square unpaid activity.					
Hours/Days I anticipate working, including whether it is anticipated to be ongoing or short term:						

Description of the Work:						
Description of the work.						
Attach additional pages for additional conflicts of	interest					
Sign and route to immediate supervisor through the state of the s		and to the Division Director fo	nr.			
approval/denial.	ic chair or comm	and to the Division Director it	J1			
By signing below, the employee acknowledge	es that the infor	mation in the Conflict of Ir	nterest			
Acknowledgement and Outside Employment						
circumstances changes. Employee understands						
employment or unpaid activity does not interfer						
to violate the Public Defender Act, I			,,.			
,						
Employee Signature	Date	-				
Management Approvals						
	5.1.	-				
Supervisor Signature	Date	Approve	Deny			
		_	_			
		_ Approve	Deny			
Chief Public Defender (or designee) Signature	Date					