# DISCLOSURE BY MUNICIPAL EMPLOYEE

# OF PART-TIME, CALL OR VOLUNTEER SERVICES

**TO A POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT**

**AS REQUIRED BY G. L. c. 268A, § 20(f)**

|  |  |
| --- | --- |
|  | **YOUR MUNICIPAL POSITION** |
| Name: |   |
| Municipal position |  |
| Agency/Department: |  |
| Agency Address: |  |
| Office Phone |  |
| Office E-Mail |  |
|  | **YOUR SERVICES TO A POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT** |
| What police, fire, rescue or ambulance department will you work for? | **Name of the agency you serve** |
|  | **COMPLETE THIS QUESTION ONLY IF THE DEPARTMENT IS IN A CITY.****\_\_\_ I certify that the City has a population of fewer than 35,000 inhabitants as determined by the most recent United States census.** |
|  | **I will provide services on the following basis**:\_\_\_ Part-time\_\_\_ Call\_\_\_ Volunteer |
| What work will you do for the department? |  |
| What will you be paid for doing this work? |  |
| Employee signature |  |
| Date: |  |

## WRITTEN CERTIFICATION BY THE HEAD

## OF THE POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT

 I hereby certify that no employee of this agency is available to do the work described above as part of his regular duties.

|  |  |
| --- | --- |
| Agency: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

## APPROVAL OF EXEMPTION BY THE CITY COUNCIL,

## BOARD OF SELECTMEN, BOARD OF ALDERMEN OR DISTRICT PRUDENTIAL COMMITTEE

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

**Attach additional pages if necessary.**

**File your signed form with the completed Certification and Approval with the clerk of the city, town or fire district.**

**Form Approved April 2015**