

INSTRUCTIONS FOR DISCLOSURE BY STATE EMPLOYEE UNDER § 7

CRITICAL NEED EXEMPTION

WHEN TO USE THIS DISCLOSURE FORM

You are a **state employee** and you **seek to work part-time** for a state agency or for a provider that has a contract with a state agency at one of the following types of facilities.

- (a) a facility operated or designed for the **care of mentally ill or mentally retarded persons**;
- (b) a facility operated or designed for **public health**;
- (c) a **correctional facility**; or
- (d) any other facility **principally funded by the state** which provides **similar services**.

Section 7 of the conflict of interest law prohibits a state employee from having a direct or indirect financial interest in a contract made by a state agency. By working for the state or for a state-funded provider at a facility listed above, you will have a direct or indirect financial interest in a state contract. The “critical need” exemption under § 7 allows you to be employed **part-time** by such facilities while you are a state employee so long as the following requirements are met:

- The facility must operate on an **uninterrupted and continuous** (24-hour) basis.
- In your state employee position, you **may not participate in, or have official responsibility for, the financial management** of the facility;
- You may not work in the part-time job for more than **four hours** in any day in which you are otherwise compensated by the Commonwealth;
- You may not be compensated at more than a **rate set by law** (see G.L. c. 30, § 46).

You must file the disclosure below, and the administrative head of the facility must file a written certification that there is a **critical need** for your services.

WHAT IS NOT COVERED BY THE CRITICAL NEED EXEMPTION?

This exemption only covers part-time work for a facility, so **it does not cover**:

- Personal or educational services provided to an **organization that oversees the operation of various facilities**, rather than services provided to a facility itself, or
- Personal services provided to individuals at a **personal residence** or other site which is not a facility of the types listed.

For an exemption that may be available with regard to such services, **see 930 CMR 6.07**.

FILING THE DISCLOSURE

Complete the **disclosure** form below and submit it to the **administrative head of the facility**;

The administrative head of the facility must make a **written certification** that there is a **critical need for your services** and must file the disclosure and certification with the State Ethics Commission.

If you need advice about completing the disclosure, please call the Attorney of the Day at (617) 371-9500 or e-mail the State Ethics Commission at requestadvice@massmail.state.ma.us.