## **CONFIDENTIAL**

## ETHICS SUPERVISOR DETERMINATION FORM

(Public Employee)

Agency, Board or Commission:
Public Employee Disclosing Potential Ethics Violation:
I have determined that the situation described on the attached ethics disclosure form  ☐ does or would violate AS 39.52.110190. Identify applicable statute below. ☐ does <u>not</u> or would not violate AS 39.52.110190.
Signature of Designated Ethics Supervisor
Printed Name of Designated Ethics Supervisor
Date:
COMMENTS (Please attach a separate sheet for additional space):

**Note: Disclosure Form must be attached.** Forward disclosures with determinations to the State Ethics Attorney as part of the designated ethics supervisor's quarterly report submitted under AS 39.52.260. Quarterly reports are submitted to Litigation Assistant, Department of Law, Opinions, Appeals, & Ethics Section, 1031 W. 4<sup>th</sup> Avenue, Suite 200, Anchorage, AK, 99501.

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