**Honorarium Approval Form for SUNY College at Plattsburgh**

**(Not Part of Official Duties – Not Work Related – Not Faculty within Area of Discipline)**

**Joint Commission on Public Ethics (JCOPE)**

An Honorarium is any payment, which may take the form of a fee or any other compensation, made to a covered person in consideration for a service performed that is **not part** of his or her official duties. Such service includes, but is not limited to, delivering a speech, writing, or publishing an article, or participating in any public or private conference, convention, meeting, or similar event. Honorarium shall also include expenses incurred for travel, lodging, and meals related to the service performed.

**Instructions:** Within a reasonable period of time prior to the performance of the service for which an honorarium is offered, or to the receipt of the honorarium, a covered person shall submit a written request for approval to accept the honorarium.

|  |  |  |  |
| --- | --- | --- | --- |
| I. TO BE COMPLETED BY EMPLOYEE | | | |
| Name | **Click here to enter text.** | Title | **Click here to enter text.** |
| Name of Offeror | **Click here to enter text.** | Nature of the Offeror’s Business | **Click here to enter text.** |
| Date of Service | **Click here to enter text.** | Location of Service | **Click here to enter text.** |
| Description of Service | **Click here to enter text.** | Total Amount of Honorarium | **Click here to enter text.** |
|  |  | **II. Itemization of Honorarium** |  |
|  |  | Service | Click here to enter text. |
|  |  | Travel | Click here to enter text. |
|  |  | Lodging | Click here to enter text. |
|  |  | Meals | Click here to enter text. |
|  |  | Registration | Click here to enter text. |
|  |  | Other | Click here to enter text. |

**Part III:** Additional Information

**Yes No**

\_\_\_\_ \_\_\_\_ Is the service for which the honorarium is offered part of your job responsibilities?

\_\_\_\_ \_\_\_\_ Will SUNY resources (personnel, equipment or time) be used in preparing the service for which

the honorarium is offered?

\_\_\_\_ \_\_\_\_ Will SUNY funds be used to pay for attendance, registration, travel, lodging, or meal expenses

related to the service for which the honorarium is offered?

\_\_\_\_ \_\_\_\_ Is the honorarium offered by or on behalf of an Interested Source\*?

\_\_\_\_ \_\_\_\_ If the service for which the honorarium is offered is performed during the work day, will you be

charging leave accruals (other than sick leave)?

\*Interested Source is any person or entity who on his or her own behalf, or on behalf of an entity, that satisfies any one of the following:

1. Is regulated by, negotiates with, appears before in other than a ministerial matter, seeks to contract with or has contracts with, or does other business with: (i) the covered person, in his or her official capacity; (ii) the State agency with which the covered person is employed or affiliated; or (iii) any other State agency when the covered person’s agency is to receive the benefits of the contract; or
2. Is required to be listed on a statement of registration pursuant to §1-e(a)(1) of article 1-A of the Legislative Law and lobbies or attempts to influence actions, decisions, or policies of the State agency with which the covered person is employed or affiliated; or
3. Is the spouse or unemancipated child of any individual satisfying the requirements of section 930.2(g)(2); or
4. Is involved in any action or proceeding, in which administrative and judicial remedies thereto have not been exhausted, and which is adverse to either: (i) the covered person in his or her official capacity; or (ii) the State agency with which the covered person is employed or affiliated; or
5. Has received or applied for funds from the State agency with which the covered person is employed or affiliated at any time during the previous 12 months up to and including the date of the proposed or actual receipt of the honorarium.

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Requestor’s Signature Date

Pursuant to Title 19 NYCRR Part 930.9, any covered person who is required to file a financial disclosure statement, including those persons qualifying for an exemption, shall report any honorarium in excess of $1,000 (or all honoraria the aggregate total of which exceed $1,000 received from a single offeror) in his or her financial disclosure statement for the applicable year.

**Part IV:** Conditions for Approval

An approving authority may approve a request to accept an honorarium provided the following conditions are met:

1. State personnel, equipment, and time are not used in preparing the service for which an honorarium is offered;
2. No State funds are used to pay the covered person’s attendance, registration, travel, lodging, or meal expenses related to the service for which an honorarium is offered;
3. If the service is to be performed during the covered person’s official work day, he or she must charge accrued leave (other than sick leave) to perform such service;
4. If the honorarium is offered by or on behalf of an Interested Source\*, all of the following criteria must be met:
   1. It is not reasonable, under the circumstances, to infer that the honorarium was intended to influence the covered person in the performance of his or her official duties.
   2. The honorarium could not, under the circumstances, reasonably be expected to influence the covered person in the performance of his or her official duties.
   3. The honorarium is not, under the circumstances, intended as a reward for any official action on his or her part.
5. The approving authority determines that the offeror is not being used to conceal that the honorarium is actually offered or paid by an Interested Source; and
6. Performing the service for which the honorarium is offered and accepting the honorarium does not violate Public Officers Law §74.

I have reviewed and endorse this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Supervisor’s Signature Date

**Part V: Ethic Officer’s Determination**

□ Approved

□ Denied

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Ethics Officer’s Signature Date

Original: Ethics Officer cc: Employee, Employee’s Supervisor