



**OFFICE OF THE EXECUTIVE INSPECTOR GENERAL
FOR THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL**

**Revolving Door Non-State Employment Notification Form
State Employee or Former State Employee**

General Instructions

If you are an employee whose position is designated under 5 ILCS 430/5-45 (c) or (d), and you wish to terminate your employment at the Office of the Illinois Attorney General (“OAG”) to accept non-state employment, you will need to submit this form to the Office of the Executive Inspector General for the Illinois Attorney General (“OEIG”).

Please note: Your notification to the OEIG is not considered complete until it is signed by you, your Division Head or Bureau Chief and the OAG's Ethics Officer.

Completed forms should be sent to:

Cindy Panella

Office of the Executive Inspector General for the Illinois Attorney General
115 S. LaSalle Street, 31st Floor, Chicago, IL 60603
Email: cynthia.panella@ilag.gov

The OEIG will determine whether you, as an employee or former OAG employee, are prohibited from accepting a non-State employment offer under the restrictions of the Ethics Act within ten (10) calendar days from the receipt of **all** necessary information and documentation required in this notification form. It is your responsibility to ensure that your form is complete including signatures and statements from your Division Head or Bureau Chief and the Ethics Officer.

The Attorney General, the Executive Ethics Commission (“EEC”) and you will be notified in writing of the determination. You or the Attorney General may appeal the decision within ten (10) days to the EEC.

If you have any questions or require assistance completing this form please contact:

Diane Saltoun:	(312) 814-2963	-	diane.saltoun@ilag.gov
Cindy Panella:	(312) 814-0039	-	cynthia.panella@ilag.gov
Mirek Kiec:	(312) 814-7192	-	mirosław.kiec@ilag.gov
Neil MacDonald:	(312) 814-5194	-	francis.macdonald@ilag.gov

I. PERSONAL INFORMATION

Name: _____ Daytime Phone Number: _____

Address: _____
Street Address City State Zip Code

State E-mail: _____ Personal E-mail: _____

II. STATE EMPLOYMENT INFORMATION

a) Are you a current State employee? Yes No

b) End date or anticipated end date of State employment: _____

c) If you are a former State employee, please provide the date you terminated State employment: _____

d) Please indicate if you are notifying the OEIG of a non-State employment offer because, relative to the entity that has offered you non-State employment, or its parent or subsidiary, you participated, either directly or indirectly, in (check one):

- the award of a State contract, State contract change order or renewal, or grant
- a regulatory or licensing decision that applied directly to the prospective employer/client, or its parent or subsidiary
- did not participate in either of the above, but required to notify the OEIG.

Final decision-making authority is not required. Depending upon the circumstances, even indirect or advisory participation may be sufficient to support a finding of participation.

e) List all the positions you have held at the Office of the Attorney General for the past 12 months, including your job title(s) and the name of the division or bureau:

_____	_____	Date Started: _____
Title	Bureau	
_____	_____	Date Started: _____
Title	Bureau	

f) List the responsibilities (e.g., job description) for each Office of the Attorney General job titles listed above:

g) Provide the name(s) of all current or former Office of the Attorney General supervisors within the past 12 months:

IV. PROSPECTIVE CLIENT INFORMATION

Complete this section only if you expect to receive remuneration **directly** from one or more of your own clients.

Please provide the information requested on this page for each prospective client (use a separate sheet, if necessary, for multiple clients). If the services you expect to render for your client are being provided for the direct benefit of a person or entity other than your client, please identify the third party for whom the benefits are being provided.

You must contact the Office of the Executive Inspector General for the Attorney General and the Ethics Officer for the Office of the Attorney General in writing to update your client information for each new prospective client for one year following the termination of your State employment.

a) Prospective client's name: _____

b) Services to be provided: _____

c) Describe the prospective client and prospective third-party direct beneficiary, if any, and, if applicable, its ownership and corporate structure, including the identity of its parents and subsidiaries, if any: _____

V. INFORMATION REGARDING PARTICIPATION BY THE STATE EMPLOYEE IN THE AWARD OF STATE CONTRACTS, ISSUANCE OF STATE CONTRACT CHANGE ORDERS, OR REGULATORY OR LICENSING DECISIONS

a) As part of your responsibilities at the Office of the Attorney General, did you have any dealings or interactions with your prospective employer or client¹? (If the answer is yes, please answer questions (b),(c) and (d)): Yes No

b) Provide detailed information regarding the nature of these dealings, including whether you were involved in the award of any contracts, change orders, or grants; or whether you participated in the exercise of any regulatory or licensing authority that directly applied to the prospective employer/client, or its parent or subsidiary. Please provide the names and phone numbers of the employees of the prospective employer or client you had these dealings with:

c) If you participated in the award of any State contracts, change orders, or grants with your prospective employer/client or its parent or subsidiary, please describe the contracts, change orders, or grants, including the monetary value of each award, its award or renewal date(s), and a detailed description of your personal involvement in each:

d) If you participated in the exercise of any regulatory or licensing authority that directly applied to your prospective employer/client or its parent or subsidiary, please describe your personal involvement in those dealings:

¹ For the purposes of this form, client means individual or entity from which you receive direct remuneration.

VI. EMPLOYEE CERTIFICATION

I (print full name) _____, certify and solemnly affirm that all the information provided in the attached Revolving Door Offer Notification is true, accurate and complete, to the best of my ability, and reflects the full extent of my participation in the award of any State contracts or the issuance of State contract change orders or regulatory or licensing decisions, as described above, that are applicable to (print name of prospective employer or client)

or its parent or subsidiary during the preceding year or during the year preceding termination of my State employment. I understand that should it be determined that the information provided by me, by means of my written notification to the Office of the Executive Inspector General for the Office of the Attorney General and/or provided by me during a related interview conducted by the OEIG is not true, accurate and complete, to the best of my ability, I may be found to be in violation of the State Officials and Employees Ethics Act (5 ILCS 430/5-45) and/or other applicable laws.

Signature of Employee

Full Name (please print or type)

Date

VII. STATEMENT OF DIVISION HEAD OR BUREAU CHIEF

a) Please review Sections I through VI of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

b) Please state whether you, as the employee’s supervisor, believe that the current or former State employee should be barred from accepting the employment or compensation offer. Yes No

c) If you answered “yes” to question (b) above, please provide an explanation of any conflicts of interests or other issues which are of concern to you:

CERTIFICATION

I have reviewed the above information and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in Sections II, V and VII of this form are accurate. If necessary, I have provided information to make the responses more complete.

Signature of Division Head or Bureau Chief

Full Name (please print or type)

Date

VIII. STATEMENT OF ETHICS OFFICER

a) Please review Sections I through VII of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

b) Please state whether you, as the Ethics Officer for the Office of the Attorney General, believe that the current or former State employee should be barred from accepting the employment or compensation offer. Yes No

c) If you answered "yes" to question (b) above, please provide an explanation of any conflicts of interests or other issues which are of concern to you:

d) Has the prospective employer/client², its parent, or its subsidiary entered into contracts, change orders, grants, or interagency grant agreements with the Office of the Attorney General in the past 12 months? Yes No

e) If you answered "yes" to question (d) above, please describe the contract(s) or change order(s) and name the Office of the Attorney General employees involved:

f) Has the Office of the Attorney General participated in the exercise of any licensing or regulatory authority that directly applied to the prospective employer/client, or its parent or subsidiary, in the past 12 months? Yes No

g) If you answered "yes" to question (f) above, please describe the licensing or regulatory decision and name the Office of the Attorney General employees involved:

² For the purposes of this form, client means individual or entity from which the current or former State employee receives direct remuneration.

CERTIFICATION

I have reviewed the information pertaining to _____,
and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in
Sections II, IV, and VIII of this form are accurate. If necessary, I have provided information to make the responses more
complete.

Signature of Ethics Officer

Full Name (please print or type)

Date