



**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 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

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