

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME:

BOARD/COMMISSION NAME:

PART 2:

Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature) <input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
	I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment

Financial Interest	Employment
Name of Entity where the financial interest exists:	Employment to be Exempted:
Address of Entity:	Your Position/Job Title:
Interest to be Exempted:	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More	

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

PART 3:

Date:

Signature:

Ann Burke

Please return completed form to:

Michelle Teoli Morningred, Administrator

Maryland Department of Health

Office of Appointments and Executive Nominations

Email: michelle.morningred@maryland.gov

Phone: (667) 203-8985