



NEW MEXICO  
**LAW OFFICES OF THE  
PUBLIC DEFENDER**

Chief Public Defender  
Bennett J. Baur

### Employee Information

Name	Employee ID
Classification/Working Title	Division

### Employee Certification

**Check the statement that is applicable to you**

- I am currently **NOT** engaged in outside employment (or in the process of obtaining such) nor do I have a conflict or any financial interest in a business which may be affected by the actions of this agency.
- I have indicated below any outside employment or conflict of Interest pursuant to the provisions of the LOPD's Code of Conduct.
- Should I have a financial interest either now or in the future which I am required to report to the LOPD under the Financial Disclosure Act, I will do so.

### Outside Employment

In addition to your position with this agency, are you currently employed or are now arranging for (including consultant work) such outside employment. This agency's division management will make the final determination of approval/denial.

Name of Business			
Address (No., Street, PO Box and/or Rural Route)	City	State	Zip Code
Work Performed:			

### Conflict of Interest Code

Complete the following if you (or your spouse) have employment or financial interest in a business which may be affected by the actions of the LOPD (including ownership or management property rented to the department, its clients, or contractors). The agency's Chief Public Defender will make the final determination as to whether this is a conflict of interest and appropriate action required.

Name of Business			
Address (No., Street, PO Box and/or Rural Route)	City	State	Zip Code
Work Performed			
<ul style="list-style-type: none"><li>▪ Attach additional pages for other employment or conflicts of interest.</li><li>▪ Sign and route to immediate supervisor through the chain of command to the Division Director for approval/denial.</li></ul>			

### Signatures

_____ Employee Signature	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Supervisor Signature	_____ Date	Approve	Deny
_____ Agency Head Signature	_____ Date	Approve	Deny

- Human Resource Office to notify the employee and management of approval/denial.