

**APPLICATION TO REQUEST AN EXEMPTION FROM
FILING A FINANCIAL DISCLOSURE STATEMENT**

EMPLOYEE ORGANIZATION APPLICATION

**New York State
Ethics Commission For
The Unified Court System
25 Beaver Street, Room 875
New York, N.Y. 10004
(212) 428-2899**

**Internet: www.nycourts.gov/ip/ethics
Intranet: UCS home page: Topics A-Z
Email: ethicscomm@courts.state.ny.us**

1. _____
NAME OF EMPLOYEE ORGANIZATION REQUESTING EXEMPTION

2. _____
JOB TITLE AND CODE FOR WHICH EXEMPTION IS REQUESTED

3. INDIVIDUAL AUTHORIZED TO FILE ON BEHALF OF EMPLOYEE ORGANIZATION:
 - a. _____
Name Your Title

 - b. Address: _____
Street City/State Zip

 - c. Telephone #: (_____) _____
Area Code

4. Do any of the duties of the title involve the negotiation, authorization or approval of: (Check either Yes or No for each)
 - (i) contracts, leases, franchises, revocable consents, concessions, variances, special permits, licenses, permits or other forms of permission to engage in a profession, trade, or occupation, or to engage in any business activity regulated by a regulatory agency, which in the absence of such license, permit or other form of permission would be prohibited Yes No
 - (ii) the purchase, sale, rental or lease of real property, goods or a contract therefor Yes No
 - (iii) the obtaining of grants of money or loans Yes No
 - (iv) the adoption or repeal of any rule or regulation having the force and effect of law Yes No

5. State the reasons which support the claim that the duties of the job title do not involve any of the duties set forth in (4) above and that the public interest does not require disclosure, giving specific reasons and justifications therefor. (Annex additional pages if necessary.)

6. _____
Annex a copy of the duties and specifications of the job title for which an exemption is requested.

SIGNED:

AUTHORIZED REPRESENTATIVE

ON BEHALF OF:

EMPLOYEE ORGANIZATION

DATED:
