



**BOARD OF ETHICS**

**REQUEST FOR POST EMPLOYMENT WAIVER**

**NOTE: THIS FORM IS PROVIDED FOR YOUR ASSISTANCE. IT IS NOT REQUIRED. YOU MAY SUBMIT YOUR REQUEST FOR A POST EMPLOYMENT WAIVER USING THIS FORM VIA EMAIL OR BY LETTER TO THE BOARD OF ETHICS AT THE FOLLOWING: [EthicsBoard@westchestercountyny.gov](mailto:EthicsBoard@westchestercountyny.gov); Board of Ethics c/o Westchester County Attorney, 148 Martine Avenue, 6<sup>th</sup> Floor, White Plains, NY 10601.**

<b>FOR OFFICIAL USE:</b>	
Waiver Request No. _____	Date Received _____

**1. Your contact information (required):**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Department** \_\_\_\_\_

**2. The type of waiver that you are requesting (check one or more):**

- a. **90-day bar to seeking or accepting a job with an employer that had an official matter before you or your board or commission within the past 90 days** \_\_\_\_\_
- b. **One year bar to communicating with your former County office, board or department about an official matter** \_\_\_\_\_
- c. **Permanent bar to providing services to a private person or organization in any matter that you handled on behalf of the County** \_\_\_\_\_

**3. Date of separation from County service:** \_\_\_\_\_

4. County department at time of separation: \_\_\_\_\_

5. Title at time of separation: \_\_\_\_\_

6. I have complied with the following requirements:

a. I have asked my department head to approve the waiver that I am requesting

b. I have submitted a written request to the Clerk of the Board of Legislators

7. The waiver that I am requesting would not conflict with the interests of the County because (include relevant details of your official duties and the duties of your proposed future employment):

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**[PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY]**

\_\_\_\_\_  
**Your signature**

**Date:**

**Departmental Approval:**

\_\_\_\_\_  
**Signature of Department Head**

**Date:**