



Connecticut State Colleges and Universities

APPLICATION PACKET



Connecticut State Colleges & Universities

HR SHARED SERVICES PERSONNEL DATA FORM

NAME: _____
Last Name First Name MI

ADDRESS: _____
Street, Apt. # City, State Zip Code

PHONE: _____
Home Cell Personal e-mail address

EMERGENCY CONTACT: _____
Name Relationship Phone #

DATE OF BIRTH: _____

TRANSCRIPTS ARE REQUIRED. PLEASE PROVIDE US WITH ANY PREVIOUS NAMES THAT THEY MIGHT BE UNDER: _____

STATE OF CONNECTICUT EMPLOYMENT HISTORY:

New Employee Current Employee Previous Employee Retired State Employee

Current Agency: Where: _____

Previous Agency: Where: _____ Dates: _____

Retired State Employee: Where: _____ Date: _____

Check here if you currently have direct deposit setup with another state agency.

In order to meet Federal and State Affirmative Action/Equal Opportunity reporting requirements, it is necessary that the following information be provided:

GENDER: Female Male Other **VETERAN:** Yes No

ETHNICITY: American Indian/Alaska Native Asian African American/Black Hispanic/Latino
 Not Specified Native Hawaiian/Other Pacific Island Other Two or More Races White

US CITIZEN: Yes No

MILITARY SERVICE: Yes No **DATES:** _____

EMPLOYEE SIGNATURE: _____ **Date:** _____

Form CT-W4

Employee's Withholding Certificate

Complete this form in blue or black ink only.

Employee Instructions

- Read the instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.

- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Widow(er)	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____
2. Additional withholding amount per pay period: If any, see instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see instructions. 3. \$ _____

Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
----------------------	------

Employers: See *Employer Instructions*, on Page 2.

Is this a new or rehired employee? No Yes Enter date hired: _____
mm/dd/yyyy

Employer's business name	Federal Employer Identification Number
Employer's business address	
City/town	State ZIP code
Contact person	Telephone number - -

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)		▶ _____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)		

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Thank you for deciding to enroll in the State of Connecticut's Direct Deposit system. You will save yourself a lot of time and effort by having the money electronically distributed into your bank account.

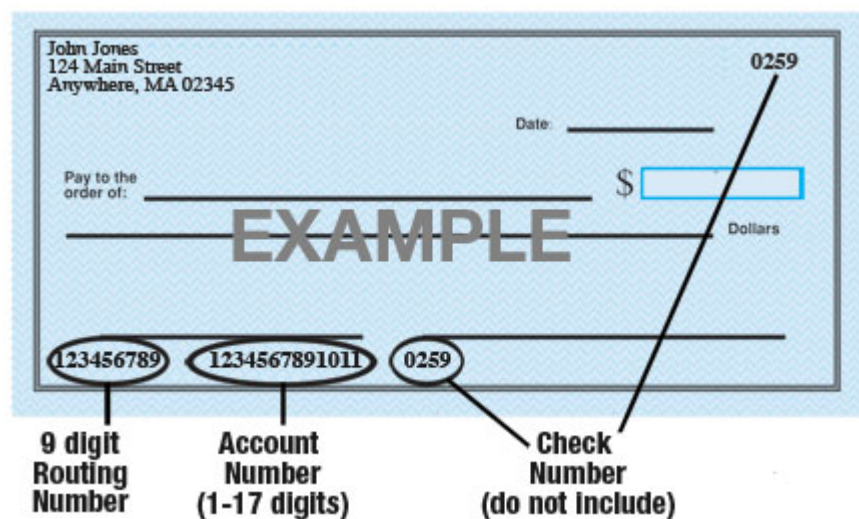
To help insure that your Direct Deposit enrollment is a smooth one please note the following items:

- Your first/second check (depending on when form is submitted) after handing in your direct deposit will still be a "live" check.
- Your bank account should indicate one, "\$.01" deposits from the State of Connecticut on the first available check date after you have submitted your form. This is a dry run which helps insure that money will correctly go into your account.
- Following this dry run the rest of your paychecks will go into this account unless you fill out another direct deposit form either changing or canceling your account number.

IMPORTANT- You must notify the payroll office BEFORE closing your bank account, to ensure that your monies are deposited into the correct account.

Please note

- If you need to change this request it must be submitted 4 weeks in advance to ensure the correct change.
- Direct Deposit usually takes effect by the third check



In order to access your pay check information you must log onto CORE using the following procedure:

Open a browser and to go to: <http://www.core-ct.state.ct.us>. Click on Login, Enter User ID and Password. **User ID** is your state Employee ID which is found on your paystub. This is not your NET ID but a six number ID issued by the state's payroll system. **Default Password** is first four letters of last name (UPPER CASE) and last four numbers of your social security number. ** if last name less than four letters, use entire last name only** Under My System Profile: a. Click on "Change or set up forgotten password help" Click OK and continue to "Primary Email Address". Add your email address.

To view paychecks- Click on "View Paycheck Information" under the Payroll menu

DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO-1040 REV. 06/08

STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
PAYROLL SERVICES DIVISION
55 ELM STREET
HARTFORD, CONNECTICUT 06106

INSTRUCTIONS: Please read carefully prior to completing this application. For processing State Employee Net Pay associated with State Employment..

SECTION I

EMPLOYEE INFORMATION

DEPT ID

EMPLOYEE NUMBER

EMPLOYEE NAME

--	--	--

TYPE OF ACTION

New Change

Delete Account # _____

Other _____

Add Additional Account
COMPLETE SECTION I and III ONLY

ACCOUNT # 1

SECTION II

This section must be completed for first time Direct Deposit enrollees or if an employee is changing or deleting a prior account. If an employee is adding an additional account, please check off the "Add Additional Account ONLY" box in Section I, and complete Section III.

DIRECT DEPOSIT ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME

--

ACCOUNT NUMBER

--

ROUTING TRANSIT NUMBER

ACCT TYPE

--	--

PLEASE NOTE:

Please see section III for Additional Account Requirements

C = Checking

S = Savings

COMPLETE THIS SECTION TO ADD AN ADDITIONAL ACCOUNT ONLY

ACCOUNT # 2

(Additional Account)

SECTION III

Additional Account Requirements:

Employee must have one existing account that has successfully completed the pre-note process in order to add an additional account. New employees or employees who are signing up for direct deposit for the first time are not permitted to sign-up for an additional account until Account #1 has successfully completed the pre-note process.

DIRECT DEPOSIT ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME

--

ACCOUNT NUMBER

--

ROUTING TRANSIT NUMBER

ACCT TYPE

--	--

Flat Amount Option for Account # 2 \$ _____
Please note that the remainder of Net Pay will be deposited into Account #1 under the Flat Amount Option

Percentage Split Option for Account #1 and Account #2
Must be equal to 100% (e.g. 50% Account #1 and 50% Account #2, 40% Account #1 and 60% Account 2, etc.)

C = Checking

S = Savings

_____ % Percentage of Net Pay to be deposited into Account #1

_____ % Percentage of Net Pay to be deposited into Account # 2

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT MY NET SALARY TO THE BANK ACCOUNT(S) NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK(S) NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK(S) THAT FUNDS WHICH I DID NOT EARN HAVE BEEN DEPOSITED TO MY ACCOUNT (S) IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK(S) TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH UNEARNED FUNDS HAVE BEEN DRAWN FROM THE ACCOUNT(S) SO THAT RETURN OF THOSE FUNDS BY THE BANK(S) TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE AMOUNT OF SAID UNEARNED FUNDS FROM ANY FUTURE SALARY PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE UNEARNED DEPOSIT(S) HAS BEEN RECOVERED IN FULL. IN THE EVENT MY EMPLOYMENT WITH THE STATE IS TERMINATED FOR ANY REASON WHATSOEVER, AND IF AT THE TIME OF SUCH TERMINATION I HAVE HAD UNEARNED PAY AUTOMATICALLY DEPOSITED IN MY CHECKING/SAVINGS ACCOUNT(S), I WILL IMMEDIATELY REPAY THE STATE THE FULL AMOUNT OF SUCH UNEARNED PAY. I FURTHER AGREE THAT IF I DO NOT IMMEDIATELY REPAY SUCH UNEARNED PAY, I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH UNEARNED PAY, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE AGREEMENT.

SIGNATURE

DATE



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

Dear Candidate:

Thank you for considering employment with the State of Connecticut. If you are offered and accept a state position, you will be bound by the Connecticut Code of Ethics for Public Officials and State Employees.

You will be provided with a copy of the [Guide to the Code of Ethics for Public Officials and State Employees](#) and you will also be required to sign a statement acknowledging your receipt of a copy of the Code of Ethics and that you understand that you are bound by its provisions.

Before you accept any employment with the State of Connecticut, you must be aware of the Code and should consider any possible conflicts of interests. The principal provisions of the Code are as follows:

- **GIFTS.** In general, a state employee is prohibited from accepting gifts from any person doing business with, seeking to do business with, or directly regulated by the state employee's agency or department or from any person known to be a registered lobbyist or lobbyist's representative.
- **FINANCIAL BENEFIT.** A state employee is prohibited from using his/her office for the financial benefit of the individual, certain family members, or an associated business.
- **OUTSIDE EMPLOYMENT.** A state employee may not accept outside employment which will impair his/her independence of judgment as to official state duties or which would induce the disclosure of confidential information. Generally, outside employment is barred if the private employer can benefit from the state employee's official actions.
- **FINANCIAL DISCLOSURE.** Certain state employees are required to file a financial disclosure statement with the Office of State Ethics. This statement will be considered public information.

OFFICE OF THE GOVERNOR • STATE CAPITOL
210 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106
TEL (860)566-4840 • FAX (860)524-7396 • www.governor.ct.gov

Governor.Lamont@ct.gov

- POST-STATE EMPLOYMENT. Former state employees are subject to post-employment restrictions, known as "revolving door" prohibitions. For example, there is a one-year ban on accepting employment with a party to certain contracts if you were involved in the negotiation or award of the contract; there is a one-year ban on representing anyone for compensation before your former agency; and there is a one-year ban on certain designated individuals in the State's regulatory agencies accepting employment with any business subject to regulation by their former agency.

Please be advised that this is only a general overview. If you have specific questions, contact the Office of State Ethics at (860) 263-2400.

Again, thank you for your consideration and best wishes in your job search

Sincerely,

A handwritten signature in black ink that reads "Ned Lamont". The signature is written in a cursive style with a large, stylized "N" and "L".

Ned Lamont
Governor

STATE OF CONNECTICUT

STATE CODE OF ETHICS

Acknowledgement of Receipt

I, (print name) _____, have received a copy of the Office of State Ethics' Guide to the Code of Ethics for Public Officials and State Employees. I understand, and agree, that if I am offered and accept a position with the state, I would be bound by, and obligated to use my best efforts to comply with the standards set forth within.

Signature

Date