



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1202 A1**

POLITICAL ACTIVITY AUTHORIZATION REQUEST

Employee Information		
Name:	Date:	
Job Title:	Division or Office:	
Supervisor Name:	Supervisor Number:	
Please Complete, if Requesting Permission to Run for Political Office:		
What political office are you seeking?		
What county will this political office represent?		
Describe duties of the political position sought.		
When will the election or appointment take place?		
What is the term of office?		
Is the political election or appointment full-time or part-time?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Is the election or appointment partisan or non-partisan?	<input type="checkbox"/> Partisan	<input type="checkbox"/> Non-Partisan
Will the political appointment or activity interfere with your current position duties or create/give the appearance of a conflict of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

POLITICAL ACTIVITY AUTHORIZATION REQUEST

If yes, please describe the possible interferences.		
Please Complete, if Requesting Permission to Participate in a Political Organization:		
Are you seeking a position as an officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please write the official title and duties.		
Are you requesting permission to be a delegate to a political convention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe the potential duties.		
Will the political appointment or activity interfere with your current position duties or create/give the appearance of a conflict of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe the possible interferences.		
Employee Acknowledgment and Signature		
<p>I understand I am not allowed to participate in any form of political activity in violation of federal law, state law, or DHS policy. I reviewed DHS Human Resources Policy #1202 — Political Activity. My signature below indicates all of the information contained on this form is true and an accurate disclosure of facts regarding my political activities.</p>		
Employee Signature:		
Date:		

POLITICAL ACTIVITY AUTHORIZATION REQUEST

To be Completed by the Division or Office Director:

Is the requesting employee's principal employment connected with an activity which is financed in whole or in part by loans or grants from the Federal government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the political appointment or other political activity create a conflict with current position duties or give the appearance of a conflict of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, explain.

The political activity request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
---	-----------------------------------	---------------------------------

If denied, provide justification.

Director Printed Name:	
Director Signature:	
Date:	

Office of Human Resources Final Approval

The political activity request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
---	-----------------------------------	---------------------------------

If denied, provide justification.

Printed Name:	
Signature:	
Date:	