



# Revolving Door Notification of Offer (RD-101)

(Please print or type)

Please note that, if your state position has been identified as being subject to Section 5-45(c) of the State Officials and Employees Ethics Act, 5 ILCS 430/5-45(c), you are required to submit this form to the OEIG, notify your state employer's ethics officer, and receive a determination from the OEIG before accepting any new offer of employment or any new offer from a prospective client that you receive during the period extending to one year after the date of termination of your state employment.

## I. Personal Information

State employee's or former state employee's full name\*:

\*"State employee" includes employees of the Regional Transportation Authority, the Chicago Transit Authority, Metra, and Pace.

Personal street address:  City:

State:  Zip code:  Home phone:

Personal cell phone:  State work phone or cell phone:

Personal e-mail:  State e-mail:

Date of hire by state:  Date of birth:

Date of hire by last state agency for which you worked:

End date or anticipated end date of state employment:

## II. State Employment Information

State employment status: I am notifying the OEIG of an employment offer because (check all that apply):

- Current state employee
- Former state employee
- I participated in the issuance or fiscal administration of contracts or change orders.
- I participated in regulatory or licensing decisions.
- I am required to notify the OEIG under 5 ILCS 430/5-45(f).

Provide the following information for all job/working titles you held during the past year. Use a separate sheet if necessary.

Position 1

Position 2

Job/working title:

Job/working title:

State agency:

State agency:

Responsibilities:

Responsibilities:

Supervisor name:

Supervisor name:

Supervisor title:

Supervisor title:

Supervisor phone:

Supervisor phone:

Dates position held:  to

Dates position held:  to

### III. Prospective Employment Information

\*If you will be self-employed, that is, if you expect to receive remuneration directly from one or more of your own clients, please skip this section and go to Section IV.

Prospective employer's name:  Supervisor name:

Job/working title:  Supervisor phone:

Responsibilities:

Describe your prospective employer and its ownership and corporate structure, including the identity of its parents and subsidiaries, if any (use a separate sheet if necessary):

### IV. Prospective Client Information

\*Complete this section only if you expect to receive remuneration directly from one or more of your own clients. You are required to submit a separate RD-101 form for each prospective client.

Prospective client's name:

Services to be provided:

Describe the prospective client, and, if applicable, its ownership and corporate structure, including the identity of its parents and subsidiaries, if any (use a separate sheet if necessary):

### V. General Questions

Please answer "Yes" or "No" to each of the following questions.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) In the year prior to termination of state employment, did you have authority to execute, or authority to approve the award of, any contracts, grants, or change orders?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) In the year prior to termination of state employment, did you supervise anyone with authority to execute, or authority to approve the award of, any contracts, grants, or change orders?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) In the year prior to termination of state employment, did you participate in or were you a member of any committees or work groups that participated in the awarding of contracts, grants, or change orders? | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
- 4) In the year prior to termination of state employment, did you have the authority to participate in the fiscal administration of any contracts, grants, or change orders?
  - 5) In the year prior to termination of state employment, did you supervise anyone with the authority to participate in the fiscal administration of any contracts, grants, or change orders?
  - 6) In the year prior to termination of state employment, did you have the authority to issue regulatory or licensing decisions?
  - 7) In the year prior to termination of state employment, did you supervise anyone with the authority to issue regulatory or licensing decisions?
  - 8) In the year prior to termination of state employment, did you participate in or were you a member of any committees or work groups that participated in any regulatory or licensing decisions?

For all questions to which you answered "Yes," please provide a detailed description of the activities that resulted in a "Yes" answer. Please indicate the question number on which you are elaborating. Use a separate sheet if necessary.

## VI. Employee's Contracting Involvement with Prospective Employer or Client

Please answer "Yes" or "No" to each of the following questions, even if you have answered "No" to all of the questions in Section V. If you will be self-employed, please complete a separate RD-101 form for each prospective client.

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
- 1) In the year prior to termination of state employment, did you have any interaction with employees or agents of the prospective employer or client, or its parent or subsidiary, other than interviewing for the prospective employment or business relationship?
  - 2) In the year prior to termination of state employment, did you participate, in any way, in a decision to award your prospective employer or client, its parent, or its subsidiary a contract, grant, or change order?
  - 3) In the year prior to termination of state employment, did you approve, negotiate, request, recommend or give advice on any: statements of work, solicitations, purchase orders, payments, invoices, contract or grant terms, reimbursement rates, requests for proposals (RFPs), invitations for bid (IFBs), procurement business cases (PBCs), or contract/grant specifications that involved your prospective employer or client, its parent, or its subsidiary?
  - 4) In the year prior to termination of state employment, did you administer a contract, grant or change order or serve as a contact person for a contract, grant, or change order that involved your prospective employer or client, its parent, or its subsidiary?
  - 5) In the year prior to termination of state employment, did you process any paperwork for a contract, grant, or change order that involved your prospective employer or client, its parent, or its subsidiary?
  - 6) In the year prior to termination of state employment, did you order any products or services from your prospective employer or client, its parent, or its subsidiary?
  - 7) In the year prior to termination of state employment, did you approve payments for products or services received from your prospective employer or client, its parent, or its subsidiary?

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 8) In the year prior to termination of state employment, did you supervise any individual who participated or may have participated in the activities described in Questions 1-7 in this section?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) In the year prior to termination of state employment, were you a member of any committees or work groups that participated or may have participated in the activities described in Questions 1-7 in this section? | <input type="checkbox"/> | <input type="checkbox"/> |

For all questions to which you answered "Yes," please provide a detailed description of the activities that resulted in a "Yes" answer. Please indicate the question number on which you are elaborating. Use a separate sheet if necessary.

## **VII. Employee's Regulatory/Licensing Involvement with Prospective Employer or Client**

Please answer "Yes" or "No" to each of the following questions, even if you answered "No" to all of the questions in Section V. If you will be self-employed please complete a separate RD-101 for each prospective client.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1) In the year prior to termination of state employment, were you responsible for preparing, initiating, or in any way participating in a licensing or regulatory decision with respect to your prospective employer or client, its parent, or its subsidiary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) In the year prior to termination of state employment, did you inspect, review, survey, or otherwise evaluate the premises or operations of your prospective employer or client, its parent, or its subsidiary?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) In the year prior to termination of state employment, did you set any fee rates or fine rates that may have affected your prospective employer or client, its parent, or its subsidiary.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) In the year prior to termination of state employment, did you supervise anyone who may have participated in the activities described in Questions 1-3 in this section?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) In the year prior to termination of state employment, did you sit on any committees or work groups that may have participated in the activities described in Questions 1-3 in this section?   | <input type="checkbox"/> | <input type="checkbox"/> |

For all questions to which you answered "Yes," please provide a detailed description of the activities that resulted in a "Yes" answer. Please indicate the question number on which you are elaborating. Use a separate sheet if necessary.

## VIII. Additional Information

Is there any additional information that might be relevant and helpful to the OEIG in making a determination of eligibility for employment or compensation? If so, please state it here. Use a separate sheet if necessary.

## IX. Certification

I certify that the statements set forth in this Revolving Door Notification of Offer and all attachments are true and correct, and reflect the full extent of my participation in the award or fiscal administration of any state contracts, grants or change orders, or in the issuance of regulatory or licensing decisions applicable to the prospective employer or client, or its parent or subsidiary, during the year preceding termination of my state employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## X. Instructions For Submission

Please submit a completed copy of this form to both your Ethics Officer and the OEIG and provide a blank RD-103 to your prospective employer or prospective client(s).

Please send your completed forms to the OEIG at [oig.revolvingdoor@illinois.gov](mailto:oig.revolvingdoor@illinois.gov). If you are unable to deliver this form via email, please call us at 312-814-5600 for further instructions.