



Prospective Employer or Client Form (RD-103)

(please print or type)

The Office of Executive Inspector General (OEIG) thanks you for your cooperation in completing this form. Pursuant to the revolving door provisions of the State Officials and Employees Ethics Act (5 ILCS 430/5-45), the OEIG will use this information to make a determination as to whether the current or former state employee (or "prospective employee or contractor") is restricted from accepting employment with or compensation from you or your company or entity. The information that you provide on this form will be used only for that purpose.

I. Prospective Employer's Information

Name of prospective employee or contractor:

Official name of prospective employer's or client's company, business or entity:

Prospective employer's or client's web address:

Prospective employer's or client's contact person:

Contact person's title: Phone:

Contact person's business address:

City: State: Zip Code:

Contact person's e-mail address:

Date employment, business relationship or compensation was offered to the prospective employee or contractor:

What is the prospective employee's or contractor's anticipated start date?:

What is the prospective employee's anticipated job title (if applicable)?:

Name of the immediate supervisor for the prospective job (if known or applicable):

Describe the prospective employee's or contractor's anticipated duties and responsibilities, or services to be provided:

Offered annual compensation or contract amount:

- \$1 - \$30,000
- \$30,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- More than \$100,000
- Salary plus commission
- Other

What is the prospective employer's or client's corporate structure (corporation, partnership, non-profit, etc.) and who are its owners or board members? Use a separate sheet if necessary.

List any parent or subsidiaries of the prospective employer or client. Use a separate sheet if necessary.

II. Prospective Employee's Interaction with Prospective Employer

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) In the year prior to the prospective employee's or contractor's termination of state employment, did employees or agents of the prospective employer or client, its parent, or its subsidiary interact with the prospective employee or contractor, other than during the interview or negotiation process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) In the year prior to the prospective employee's or contractor's termination of state employment, did the prospective employer or client, its parent, or its subsidiary hold or receive any contracts (including renewals), grants, or change orders from a state agency with which the prospective employee or contractor was employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) In the year prior to the prospective employee's or contractor's termination of state employment, did the prospective employer or client, its parent, or its subsidiary request or receive payments or orders for goods or services from a state agency with which the prospective employee or contractor was employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) In the year prior to the prospective employee's or contractor's termination of state employment, was the prospective employer or client, its parent, or its subsidiary subject to any licensing or regulatory actions by a state agency with which the prospective employee or contractor was employed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) If you answered "yes" to any of Questions 2-4, please indicate whether the prospective employee or contractor had any role, no matter how minor, in those contracting actions (including in the administration or the award of grants or change orders) or regulatory/licensing actions. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of questions 1-5 above, please describe, in detail, the circumstances and facts that caused you to answer "Yes." Use an additional sheet if necessary.

Signature

Name and Title (please print or type):

Date:

III. Instructions for Submission

You may send your completed form to the OEIG at oig.revolvingdoor@illinois.gov.