



OFFICE OF
LEGISLATIVE INSPECTOR GENERAL
State of Illinois

Revolving Door Notification of Offer

RD-101 (Please print or type)

If your State position as a Member of the General Assembly or State employee (whether current or former) 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 Legislative Inspector General (LIG) for review before accepting any new offer of non-State employment or compensation until one year after termination of your State office or employment.

I. Personal Information

Member or State employee's full name:

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 State office/hire: Date of birth:

Date of last previous State office/hire:

End date or anticipated end date of State employment:

II. State Employment Information

State employment status: Current Member or State employee Former Member or State employee

During my last year of State office or employment (check all that apply):

- I participated in the issuance of contracts or contract change orders.
- I am required to notify the LIG under 5 ILCS 430/5-45(f).

Provide the following information for all job/working titles you held during the past year of your State office or employment, including any executive branch office or employment. Use a separate sheet if necessary.

	Position 1		Position 2
Job/working title:	<input type="text"/>	Job/working title:	<input type="text"/>
State office/agency:	<input type="text"/>	State office/agency:	<input type="text"/>
Responsibilities:	<input type="text"/>	Responsibilities:	<input type="text"/>
Supervisor name:	<input type="text"/>	Supervisor name:	<input type="text"/>
Supervisor title:	<input type="text"/>	Supervisor title:	<input type="text"/>
Supervisor phone:	<input type="text"/>	Supervisor phone:	<input type="text"/>
Dates position held:	<input type="text"/>	Dates position held:	<input type="text"/>

III. Prospective Employment/Compensation 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 office or 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 office or 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 office or 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"/> |

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. Member/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.

	Yes	No
1) In the year prior to termination of State office or employment, did you have any interaction with any employees or agents of the prospective employer or client, or its parent or subsidiary, other than interviewing for the prospective employment or business relationship?	<input type="checkbox"/>	<input type="checkbox"/>
2) In the year prior to termination of State office or 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?	<input type="checkbox"/>	<input type="checkbox"/>
3) In the year prior to termination of State office or employment, did you approve, negotiate, request, recommend or give advice on any statements of work, solicitations, purchase orders, 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?	<input type="checkbox"/>	<input type="checkbox"/>
4) In the year prior to termination of State office or employment, did you administer any contract, grant or change order or serve as contact person for a contract, grant, or change order awarded to your prospective employer or client, its parent, or its subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
5) In the year prior to termination of State office or employment, did you process any paperwork for a contract, grant, or change order awarded to your prospective employer or client, its parent, or its subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
6) In the year prior to termination of State office or employment, did you order any products or services from your prospective employer or client, its parent, or its subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
7) In the year prior to termination of State office or employment, did you approve any payments for products or services received from your prospective employer or client, its parent, or its subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>

Yes **No**

- 8) In the year prior to termination of State office or employment, did you supervise any individual who participated or may have participated in any of the activities described in Questions 1-7 in this section?
- 9) In the year prior to termination of State office or employment, were you a member of any committees or work groups that participated or may have participated in any of the activities described in Questions 1-7 in this section?

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. Additional Information

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

VIII. 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 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 office or employment.

Signature

Type or Print Name

Date

IX. Instructions For Submission

Please submit completed, signed copies of this form to both your ethics officer and the LIG, and provide a blank RD-103 to your prospective employer or prospective client(s). You may send completed forms to the LIG at the following:

Legislative Inspector General Michael P. McCuskey
420 Stratton Office Building
Springfield, IL 62706
(217) 558-1560 (phone)
MichaelM@ilga.gov (email)