



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

March 16, 2015

The Honorable Asa Hutchinson
Governor of Arkansas
State Capitol
Little Rock, AR 72201

Dear Governor Hutchinson:

After an application solicitation and interview process, the Department would like to employ ShaRhonda Love for the position of School Health Director, Section Chief III C123. ShaRhonda is the wife of Rep. Frederick Love. ShaRhonda has her Master's in Public Health and is currently employed at UAMS. She was selected for this position because she has over a decade of experience in managing grants, programs and budgets and she has over 18 years of supervisory experience. She will supervise a staff of six in the School Health Section. While at UAMS, ShaRhonda worked on the school Body Mass Index (BMI) data project. Familiarity with school BMI data will be useful to the current collaborations around the BMI project and obesity prevention. She also has experience with advisory boards that will be valuable to the work of the Section in staffing and fostering the work of the Child Health Advisory Committee.

ShaRhonda was highly recommended by her colleagues at UAMS for her skills and dedication.

By this letter, I am officially requesting that the Department be allowed to employ ShaRhonda Love. Because ShaRhonda is the spouse of Rep. Love, state law requires that I receive approval for her hiring from the Governor and Joint Budget Committee or in the alternative Legislative Council. Ark. Code §21-1-402.

Please let me know if your office needs any additional information.

Sincerely,

Nathaniel Smith, MD, MPH
Director and State Health Officer

STATE OF ARKANSAS
Department of Finance and Administration

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

This form is to be completed by all interviewed applicants for a position.

Definitions for the symbols in questions 1 – 9 below. Please read before continuing.

- A **State Employee** any employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
B **Former** is defined as within the last 24 months.
C **Constitutional Officer**: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly member.
D **General Assembly member**: member of the Arkansas Senate or the Arkansas House of Representatives.
E **Relative includes**: husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.
F **Public Official**: constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.
G **Agency or State Agency**: every agency, board, commission, department, division, institution, and other office of state government located within the executive branch of government and under the control of the Governor.

1. ☒ Yes ☐ No Are you a current **state employee**^A?
2. ☒ Yes ☐ No Are you a **former**^B **state employee**^A?
3. ☐ Yes ☒ No Are you a current **Constitutional Officer**^C?
- 3a. ☐ Yes ☐ No If "Yes", were you employed prior to your election into office?
- 3b. ☐ If "Yes," give date elected _____
4. ☒ Yes ☐ No Are you the spouse of a current **Constitutional Officer**^C?
- 4a. ☐ If "Yes," give spouse's name Frederick J. Love
position/office State Representative
- 4b. ☒ Yes ☐ No If "Yes", is your expected salary above \$37,649?
5. ☒ Yes ☐ No Are you the spouse of a **former**^B **Constitutional Officer**^C?
- 5a. ☐ If "Yes," give spouse's name Frederick J. Love
position/office State Representative
6. ☒ Yes ☐ No Are you or your spouse a **former**^B **General Assembly member**^D?
- 6a. ☐ If "Yes," give spouse's name Frederick J. Love
position/office State Representative
- 6b. ☐ Yes ☒ No If "Yes", within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
7. ☐ Yes ☒ No Are you a **relative**^E of the **Public Official**^F in charge of the **agency**^G in which you are applying?
- 7a. ☐ If "Yes," give **relative's**^E name _____
position/office _____
relationship _____
8. ☒ Yes ☐ No Are you a **relative**^E of a **state employee**^A, state board or commission member or are you a **relative**^E (other than the spouse) of a **Constitutional Officer**^C or an Arkansas **General Assembly member**^D?
- 8a. ☐ If "Yes," give **relative's**^E name Frederick J. Love
position/office State Representative
relationship Spouse
9. ☐ Yes ☒ No If you checked "Yes" in #8 above, does this **relative**^E work within the **state agency**^G in which you are applying?
- 9a. ☐ Yes ☒ No If "Yes", is the position for which you are applying in the direct line of supervision of your **relative**^E or will the position be a supervisory employee of the **relative**^E?

I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.

Sharhonda J. Love
Applicant Name (Please Print)

Sharhonda J. Love
Signature of Applicant

2/10/15
Date

Social Security Number

STATE OF ARKANSAS
Department of Finance and Administration

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

INSTRUCTIONS FOR HIRING OFFICIAL:

Please check each table below with the disclosure statement and proceed accordingly for the position finalist(s) prior to a job offer.

No Approval Required		✓ if applies
Answered "Yes"	or Answered "No"	
Question 1 and/or 2	Questions 1-9a	

*Hiring Official must complete information below and forward with hire packet to HR.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

Please initial to confirm: MM

Approval by HR Manager Only		✓ if applies
Answered "Yes"	Answered "No"	
Question 4	Question 1 and 4b	
Question 5	Question 1	
Question 6	Question 6b	
Question 8		
Question 9	Question 9a	

*Submit the form to your agency Human Resource Manager for approval with the hire packet.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the salary for 4b is correct.

*Ensure the information for 6b is correct.

Please initial to confirm: MM

Approval by appropriate Legislative Branch and Governor		✓ if applies
Answered "Yes"	Answered "No"	
Question 3 and 3a		
Question 4 and 4b	Question 1	
Question 4 and 1	Question 4b	
Question 5		

*Submit the form to the Office of Personnel Management (OPM) for review and submission to the Governor, and if approved, to the Personnel Subcommittee.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the date elected for 3b is after employment date.

*Ensure the salary for 4b is correct.

*Ensure spouse is a former^B Constitutional Officer^C.

Please initial to confirm: MM

Cannot be Hired		✓ if applies
Answered "Yes"	Answered "No"	
Question 3	Question 3a	
Question 6 and 6b		
Question 7		
Question 9 and 9a		

*The applicant cannot be hired if one or more of the items above apply.

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure 3a was answered before signing below.

*Ensure the information for 6b is correct.

*Ensure the information for 9a is correct.

Please initial to confirm: MM

This form must be completed by the Hiring Official (Supervisor) for the position finalist(s) prior to a job offer.

Agency/Institution Department of Health

Hiring Official Kaye Murry

Position Applied for ADHP Public Health Section Chief III Position # 22101025 Pay Grade C123 Salary 56,774.63

I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.

Kaye Murry
Signature of Agency/Institution Hiring Official

2-20-2015
Date

501-280-4753
Phone Number

☐ Approved

☐ Disapproved

Signature of Agency/Institution Human Resource Manager

Agency Number

Date

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements/Restrictions Notice

Employee Disclosure Requirements Notice

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

Employee Disclosure Restriction Notice

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.

<u>SharRhonda J. Love</u> Agency Name	<u>Kaye Murry</u> Hiring Official
<u>SharRhonda J. Love</u> Name of Employee (Please Print)	<u>2/10/15</u> Social Security Number
<u>SharRhonda J. Love</u> Signature of Employee	<u>2/10/15</u> Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements

In Compliance with Governor's Executive Order 98-04
Arkansas Code Annotated § 19-11-706

Pursuant to Arkansas Code Annotated § 19-11-706, employees are required to disclose any benefit received from any state contract. Specifically:

- (a) Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

This employee disclosure shall be made within 30 days after the employee has actual or constructive notice of a benefit received or to be received. Such disclosure shall be made by completing this **Employee Disclosure Requirements** form and forwarding this completed form to:

Director
Department of Finance and Administration
P. O. Box 3278
Little Rock, AR 72203-3278

Employee Name:

Sharhonda T. Love

Agency Name/ Division where employed:

Name of Person/Business involved with State Contract:

Name of Government Body with which the Business has a Contract:

Dollar Amount and Nature of Contract:

Nature and extent of the benefit received or to be received:

Employee's Signature

Date

**THE FOLLOWING IS A PAGE FROM A SAMPLE EMPLOYMENT
APPLICATION THAT CONTAINS THE CHECKLIST FOR EMPLOYEE DISCLOSURE.**

DISCLOSURE REQUIREMENTS

Governor's Executive Order 98-04, Governor's Policy Directive #8, and ACA §21-8-304 require that the following information be disclosed to be considered for employment with the State of Arkansas.

1. Are you one of the following:

<input type="checkbox"/> current member of the AR General Assembly?	<input type="checkbox"/> former member of the AR General Assembly?
<input type="checkbox"/> current constitutional officer?	<input type="checkbox"/> former constitutional officer?
<input checked="" type="checkbox"/> current state employee?	<input type="checkbox"/> former state employee?

2. Are any of your relatives one of the following: (Relative is defined as husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, uncle, aunt, first cousin, nephew, or niece)

<input checked="" type="checkbox"/> current member of the AR General Assembly?	<input type="checkbox"/> former member of the AR General Assembly?
<input type="checkbox"/> current constitutional officer?	<input type="checkbox"/> former constitutional officer?
<input type="checkbox"/> current state employee?	<input type="checkbox"/> former state employee?

3. ☐ None of the above applies.

4. Certain family or business relationships may prohibit an agency from hiring you. If any block is checked in #1 or #2 above, you will be required to disclose additional information if you are selected for interview to determine whether your employment would be prohibited or would require approval. I understand, should I become an employee of the State of Arkansas, that I may be reprimanded or terminated for failing to disclose the required information or disclosing incorrect information.

I understand that, should I become an employee of the State of Arkansas, I will be required to disclose any benefit obtained from a state contract by a business in which I have a financial interest, pursuant to ACA §19-11-706, and will be subject to civil, criminal, and/or administrative remedies if I fail to report such benefits.

I understand that, should I become an employee of the State of Arkansas, I will be restricted both during and after state employment from certain activities concerning procurement and selling to the state, pursuant to ACA §19-11-709, and will be subject to civil, criminal, and/or administrative remedies if I violate any of these restrictions.

I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative. If I am hired and it can be proven that I falsely disclosed information in gaining employment that I could be subject to criminal or civil penalties under ACA § 25-16-1004 or § 25-16-1005.