



# CONNECTICUT DEPARTMENT OF TRANSPORTATION

# POLICY STATEMENT

POLICY NO. F&A-10A  
July 27, 2007

SUBJECT: Code of Ethics Policy Supplement

This policy supplements and reaffirms the Department's Code of Ethics Policy (F&A-10) issued on June 1, 2007.

In order to establish and maintain high standards of honesty, integrity, and quality of performance for all employees of the Department and to avoid even the appearance of impropriety, it is the policy of the Department that no Department employee participate in any matter involving a contractor, consultant, or vendor (collectively "contractor") that employs such employee's spouse, child (including stepchild), brother, sister (including stepbrother, stepsister, half brother, and half sister), mother, father, or brother-in-law, sister-in-law, mother in-law, or father-in-law (collectively "family member").

If the Department employee learns of a project or solicitation that is being pursued or is likely to be pursued by a contractor that so employs a family member, the employee shall: (1) inform his or her supervisor of the conflict and of the need to be assigned to other projects/work not involving such contractor; (2) except for his supervisor, *not* disclose the conflict of interest to any subordinate or any other employee who may be involved in selecting or working with the contractor; and (3) together with his supervisor, meet with the Ethics Compliance Officer's Designee to determine any other appropriate measures to ensure that the employee has no involvement with such contractor.

To ensure compliance with this policy, all employees are required to complete the attached form and submit a copy to their supervisor and to the Office of Human Resources by August 31, 2007, and annually thereafter by no later than May 1. Should an employee be placed under the supervision of a different Department supervisor during the year, he or she shall give such supervisor a copy of such form. Should a family member become employed or leave the employment of a contractor who does business with or is seeking to do business with the Department, a new form must be completed and given to the employee's supervisor and to the Office Human Resources as soon as the employee learns of the family member's employment status.

The Department expects that all employees will comply with all laws and policies regarding ethical conduct. Violation of the law may subject an employee to sanctions from agencies or authorities outside the Department. Whether or not another agency or authority imposes such sanctions, the Department retains the independent right to review and respond to any ethics violation or alleged ethics violation by its employees. Violations of this policy or ethics statutes, as construed by the Department, may result in disciplinary action up to and including dismissal from State service.

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Ralph J. Carpenter  
COMMISSIONER

Attachment

List 1 and List 3

(Managers and supervisors are requested to distribute a copy of this Policy Statement to all employees under their supervision.)

cc: Office of the Governor, Department of Administrative Services, Office of State Ethics

**DEPARTMENT OF TRANSPORTATION FAMILY MEMBER  
EMPLOYER DISCLOSURE FORM**

In accordance with Policy Statement No. F&A-10A, the term “family member” includes such employee’s spouse, child (including stepchild), brother, sister (including stepbrother, stepsister, half brother, and half sister), mother, father, brother-in-law, sister-in-law, mother in-law, and father in-law.

In accordance with the Policy Statement No. F&A-10A, I hereby advise the Department that:

1. I have no family member who is employed by a contractor, consultant, or vendor that does business with or is seeking to do business with the Department, and so signify by checking this box and signing below:

OR

2. The following family member(s) is(are) employed by a contractor, consultant, or vendor as noted below:

Name of Family Member	Relationship <sup>1</sup>	Name of Contractor, Consultant, or Vendor

I understand that the filing of this Disclosure with the Department’s Office of Human Resources and my supervisor does not relieve me of any obligations I have to comply with the Code of Ethics for Public Officials. I also understand that if my supervisor changes during the year that I must provide a copy of this form to my new supervisor. I further understand that if a family member becomes employed by a contractor, consultant, or vendor who does business with or is seeking to do business with the Department, or if a family member is no longer employed by a contractor, consultant, or vendor identified above that I must complete a new form and give it to my supervisor and the Department’s Office of Human Resources.

Signed: \_\_\_\_\_  
 Employee’s Printed Name: \_\_\_\_\_  
 Supervisor’s Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> Specify whether the family member is your spouse, child (including stepchild), brother, sister (including stepbrother, stepsister, half brother, and half sister), mother, father, brother-in-law, sister-in-law, mother in-law, or father in-law.