

**Appointment to an Unpaid Political Position**

Employee Name:

Appointed Position

City, County, State Agency, or Federal Department:

Name and Title of Appointing Official:

Appointment effective dates, from       to

I have reviewed the Administrative Procedure 10.25 *Serving in Appointed Unpaid Political Positions* and related System Policy 07.03 *Conflicts of Interest, Dual Office Holding and Political Activities* governing appointments to unpaid political positions, and I agree to abide by them.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT**

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send the acknowledged form to Employee Development at EmployeeDevelopment@tfs.tamu.edu*

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| CEO approval is required for a Federal or State non-elective office. |
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| Director  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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