

**PENNSYLVANIA STATE POLICE  
SUPPLEMENTARY EMPLOYMENT REQUEST  
AGENCY NOTIFICATION**

*BM  
5/11/05*

MEMBER'S NAME <b>Edward Joyner</b>	RANK <b>Trooper</b>	LOCATION CODE AND ASSIGNMENT <b>1210 - Troop B, Washington</b>
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MAILING ADDRESS  
**PA State Police, Bureau of Personnel, 1800 Elmerton Avenue, Harrisburg, PA 17110**

**SECTION 1 - APPROVAL**

- Approved       Approved with Stipulation (see reverse side)

In reference to your Supplementary Employment Request dated April 6, 2005, for the company/organization Ben Roethlisberger, the duties described do not appear to be in conflict with your Department duties, or Department rules and regulations. Your request will be further reviewed by the Governor's Office of Administration. In the event your request is denied by the Governor's Office of Administration, you will be notified and this approval will be rescinded.

\_\_\_\_\_ *[Signature]* \_\_\_\_\_ *LT Col Cynthia Trammell JK* \_\_\_\_\_ *04/29/05*  
 INITIALS OF CHIEF COUNSEL      DEPARTMENT REPRESENTATIVE      DATE

**SECTION 2 - DISAPPROVAL/RESCISSION**

- Disapproved       Rescinded

In reference to your Supplementary Employment Request dated April 6, 2005, for the company/organization Ben Roethlisberger, the supplementary employment duties described are in conflict with your Departmental duties, or are in violation of Department rules and regulations. You are therefore notified not to accept or continue the supplementary employment. If you choose to do otherwise, you must terminate your employment with the Pennsylvania State Police. Indicate in Section 3 below which action you will take and return this form to the Bureau of Personnel by the following date: May 5, 2010.

The reasons for disapproving/rescinding your supplementary employment request are enumerated on the reverse side.

\_\_\_\_\_ *[Signature]* \_\_\_\_\_ *A. Col. J. Brooks* \_\_\_\_\_ *04/19/10*  
 INITIALS OF CHIEF COUNSEL      DEPARTMENT REPRESENTATIVE      DATE

**SECTION 3 - MEMBER RESPONSE AND APPEAL PROCEDURES**

- A** - I have read and understand the above decision and hereby notify you that I shall not accept the request supplementary employment.
- B** - I understand I shall not engage in supplementary employment pending the outcome of the appeal procedure. I will appeal the disapproval/rescission by:
- Filing a Code of Conduct Supplementary Employment Request for Review, Form STD - 357, with the Governor's Office of Administration.
  - Filing a grievance at Step 1, in accordance with the provisions of Article 28 of the PSTA Agreement.
- C** - I have read and understand the above decision and hereby notify you that I shall terminate my employment with the Pennsylvania State Police on the following date: \_\_\_\_\_ I shall submit my letter of resignation/retirement in accordance with the provisions of AR 4-1.

\_\_\_\_\_  
 MEMBER'S SIGNATURE      DATE

**APPROVAL WITH STIPULATIONS**

Your Supplementary Employment Request dated \_\_\_\_\_, is approved with the following stipulations:

**DISAPPROVAL/RESCISSION**

Your Supplementary Employment Request dated April 6, 2005, is being disapproved/rescinded for the following reasons:

- 1) Violation of the stipulations of your supplemental employment approval;
- 2) Exceeding the scope of the approval;
- 3) Demeaning the image of the Department.

COMMONWEALTH OF PENNSYLVANIA  
STD-355 10-84

AR 4-17  
7/23/97

SUPPLEMENTARY EMPLOYMENT REQUEST

Complete all items and mail directly to your department's personnel officer within 70 working days of receiving this request form.

QUESTIONS 1 THROUGH 6 PERTAIN TO COMMONWEALTH EMPLOYMENT WITH YOUR DEPARTMENT.

1. LOVE'S NAME  
**EDWARD JOYNER**

449272

SOCIAL SECURITY NO.

2. MAILING ADDRESS

**IRDOPEO**

3. EMPLOYER  
**PA STATE POLICE / WASHINGTON**

PATROL 1210

WORK SITE

**WASHINGTON**

4. BRIEFLY OUTLINE YOUR JOB DUTIES \*

**TO ENFORCE ALL LAWS IN THE COMMONWEALTH OF PA.**

5. IN YOUR DEPARTMENTAL JOB DUTIES, DO YOU:

- A. PARTICIPATE IN THE NEGOTIATION OF OR DECISION TO AWARD CONTRACTS, OR OTHERWISE TAKE OR RECOMMEND OFFICIAL ACTION OF A DISCRETIONARY NATURE WITH REGARD TO CONTRACTING OR PROCUREMENT?  YES  NO
- B. PARTICIPATE IN THE SETTLEMENT OF CLAIMS OR CHARGES IN A CONTRACT?  YES  NO
- C. PARTICIPATE IN THE MAKING OF LOANS?  YES  NO
- D. PARTICIPATE IN THE FIXING OF RATES?  YES  NO
- E. PARTICIPATE IN THE ISSUANCE OF PERMITS, CERTIFICATES, GUARANTEES OR OTHER THINGS OF VALUE?  YES  NO

- F. TAKE OR RECOMMEND OFFICIAL ACTION OF A DISCRETIONARY NATURE WITH REGARD TO INSPECTING, LICENSING, REGULATING OR AUDITING ANY BUSINESS, INDIVIDUAL, CORPORATION, UNION, ASSOCIATION, FIRM, PARTNERSHIP, COMMITTEE, CLUB OR OTHER ORGANIZATION OR GROUP OF PERSONS?  YES  NO

- G. PARTICIPATE IN THE GRANTING OF SUBSIDIES OR OTHERWISE TAKE OR RECOMMEND OFFICIAL ACTION OF A DISCRETIONARY NATURE WITH REGARD TO THE ADMINISTRATION OR MONITORING OF GRANTS OR SUBSIDIES?  YES  NO

- H. TAKE OR RECOMMEND OFFICIAL ACTION OF A DISCRETIONARY NATURE WITH REGARD TO PLANNING OR ZONING?  YES  NO

IF THE ANSWER TO ANY PART OF QUESTION 5, ABOVE, IS "YES", PLEASE DESCRIBE THE DUTIES FOR EACH QUESTION ANSWERED "YES".

6. WORKED \*\*

(CIRCLE)

NO O O O O O O O

APPROX. START TIME

1500

APPROX. STOP TIME

2300

QUESTIONS 7 THROUGH 13 PERTAIN TO REQUESTED SUPPLEMENTARY EMPLOYMENT, INCLUDING SELF-EMPLOYMENT.

7. NAME OF COMPANY OR ORGANIZATION

**BEN ROETHLISBERGER**

8. ADDRESS OF COMPANY OR ORGANIZATION

9. TITLE

**NFL FOOTBALL LEAGUE**

10. TITLE OF POSITION FOR WHICH YOU ARE APPLYING

**DRIVER / ASSISTANT**

DATE YOU APPLIED FOR POSITION

4/1/05

**CHAUFFEUR TO NFL**

**HOME GAMES, AUTOGRAPH SESSIONS, CHARITY EVENTS, AND AIRPORT. COLLECTING FAN MAIL AND OTHER FAN PARAPHERNALIA DURING AUTOGRAPH SESSIONS. ALSO FIELDING PHONE CALLS**

11. ANSWER EITHER (A) OR (B) BELOW, WHICHEVER IS APPLICABLE TO YOUR PROPOSED SUPPLEMENTARY EMPLOYMENT.

- A. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, DOES THE COMPANY OR ORGANIZATION WITH WHICH YOU ARE APPLYING FOR A POSITION ENGAGE IN ANY BUSINESS OR ACTIVITY WHICH COULD POSSIBLY BE RELATED TO YOUR DEPARTMENTAL DUTIES, OR WHICH COULD POSSIBLY CREATE AN ACTUAL OR APPARENT CONFLICT WITH YOUR DEPARTMENTAL DUTIES? IF YES, EXPLAIN TO THE BEST OF YOUR KNOWLEDGE.  YES  NO

- B. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, WOULD YOUR SELF-EMPLOYMENT INVOLVE YOU IN ANY BUSINESS OR ACTIVITY WHICH COULD POSSIBLY BE RELATED TO YOUR DEPARTMENTAL DUTIES, OR WHICH COULD POSSIBLY CREATE AN ACTUAL OR APPARENT CONFLICT WITH YOUR DEPARTMENTAL DUTIES? IF YES, EXPLAIN TO THE BEST OF YOUR KNOWLEDGE.  YES  NO

- C. IS THIS ORGANIZATION ASSOCIATED WITH A POLITICAL SUBDIVISION OR IS IT A POLITICAL SUBDIVISION OF THE COMMONWEALTH OF PENNSYLVANIA OR THE ORGANIZATION ASSOCIATED WITH AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA? IF YES, EXPLAIN TO THE BEST OF YOUR KNOWLEDGE.  YES  NO

12. DAYS WORKED \*\*

(CIRCLE)

NO O W W THW O O

5-10

APPROX. START TIME

**VARIABLE**

APPROX. STOP TIME

**VARIABLE**

\* ATTACH AN 8 1/2 X 11 SHEET IF ADDITIONAL SPACE IS NEEDED. (LIMITED SPACE IS PROVIDED ON REVERSE SIDE OF THIS FORM.)  
\*\* IF YOU WORK AN IRREGULAR, VARIABLE OR ROTATING SHIFT, SO INDICATE AND SHOW FOR A TWO-WEEK PERIOD THE VARIATIONS IN YOUR SHIFTS AND/OR IN THE STARTING AND STOPPING TIMES.

AR 4-17 7/23/97

14. I do solemnly swear (or affirm) that this application contains no misrepresentations, falsifications, omissions or concealment of material facts, and that the information contained herein is true and complete to the best of my knowledge and belief. I understand that should any of the information set forth in questions 5 through 13 change, I must submit a new Supplementary Employment Request form.

*[Handwritten Signature]*  
EMPLOYEE'S SIGNATURE

*04/06/05*  
DATE

15. Approval or disapproval of your Supplementary Employment Request will normally be given by your department within 15 working days of the receipt of your request by your department's personnel office. If your department needs additional information concerning your request, a representative of your department's personnel office will contact you about providing this additional information. After receipt of any such additional information, your department will promptly approve or disapprove your request.

16. If your department disapproves your Supplementary Employment Request, you may request a review of the disapproval by filing a written Request for Review of the disapproval to the Secretary of Administration within 10 working days of the issuance of the disapproval by your department. Request for Review forms will be available from your Personnel Office. The Secretary of Administration shall normally respond to the Request for Review of the disapproval within 30 calendar days of the receipt of the request. If the Secretary of Administration needs additional information concerning your request, a person designated by the Secretary of Administration will contact you about providing this additional information. After receipt of any such additional information, the Secretary of Administration will promptly either approve your Request for Supplementary Employment or will concur in the disapproval given by the Department.

17. All departmental approvals of Supplementary Employment Requests will be reviewed by the Secretary of Administration. Approved Supplementary Employment Requests shall be forwarded by the Agency Head to the Secretary of Administration within 24 hours of approval by the Department. The Secretary of Administration will review all approved requests within 10 working days of receipt of the approved request. Departmental approval shall be conditional during this 10-day review period. If not overruled by the Secretary of Administration within the 10-day period, the request shall be considered approved. The Secretary of Administration will review the requests to determine whether the request is consistent with the employee's departmental duties and responsibilities; with the public interest; with the public's perception of state government; and whether the request is otherwise appropriate.

USE THIS SPACE FOR FURTHER EXPLANATIONS FOR QUESTIONS 4, 8, 11 AND 12.

APPROVE

DISAPPROVED

*Capt. Roger N. Waters*  
Captain Roger N. Waters

**STIPULATIONS**  
**(Edward Joyner)**

**1.) You must avoid all conflicts of interest between your primary duties as a Patrol Trooper with Troop B, Washington and your supplementary employment as a diver/assistant.**

a. You should avoid commitments that would require you to leave your normally scheduled duties. In accordance with AR 4-17, the department does not normally approve supplementary employment which will be pursued on a recurring basis in conflict with regularly scheduled duties. The department does not permit personnel to devote more than four hours to supplementary employment immediately prior to a regularly scheduled work period of 8.0 hours.

**2.) The scope of your employment must not demean the image of the Pennsylvania State Police.**

a. Strict separation of official capacity and private interest must be maintained.

b. You may not identify yourself as an employee of the State Police in connection with your supplemental employment.

**3.) The total amount of employment must not interfere with your ability to perform your primary duty properly.**

a. Even though your application is approved subject to these stipulations, the approval may be rescinded should the supplemental employment have a negative impact on the performance of your duty in quantity or quality. Tardiness is considered to impact both. Rescission authority rests with the position that approved this application.

**DESK MEMORANDUM**

SUBJECT

**SUPPLEMENTARY EMPLOYMENT REQUEST**  
 (Edward Joyner)

TO (NAME & ADDRESS)  
 Chief Counsel

*[Handwritten signature]*  
 4/26

FROM (NAME & ADDRESS)  
 Linda M. Bonney  
 Director  
 Bureau of Human Resources

*[Handwritten initials]*  
 LMB/BN

DATE SENT

April 26, 2005

DATE NEEDED

May 3, 2005

PLEASE CALL	<input checked="" type="checkbox"/>	APPROVAL/DISAPPROVAL		SEE ME
RETURNED YOUR CALL	<input type="checkbox"/>	AS REQUESTED		COMMENT
INFORMATION & FILE	<input type="checkbox"/>	PREPARE REPLY/REPORT		NOTE AND RETURN
NECESSARY ACTION	<input type="checkbox"/>	SIGNATURE		
RECEIVED BY	DATE		TIME	

ROUTE	INITIAL	DATE	ROUTE	INITIAL	DATE
Deputy Commissioner/Admin. Bureau of Human Resources, ATTN: Brooke	<i>[Handwritten initials]</i>	04/29/05			

MESSAGE:

Approval: Driver/Assistant

Received

APR 27 2005

Dep Comm. Adm.

*[Faint, tilted stamp]*  
 DEPT OF COMMUNITY DEVELOPMENT  
 HUMAN RESOURCES DIVISION