

### Statement of Economic Interests – Form 700 Supervisor Review Transmittal

This transmittal must be attached to every Form 700 submitted by DHCS employees, consultants, and contract employees. Every Form 700 will be reviewed by a supervisor to identify potential conflicts of interest between the work assignments of the employee, consultant, or contract employee and their disclosed outside economic interest(s). If any interests are disclosed, the form must be reviewed by two supervisory levels. The Office of Legal Services (OLS) is available to assist supervisors with questions about potential conflicts of interest (916-440-7700). The attached Form 700 must be filed annually with the Department’s Filing Officer in the Human Resources Branch (HRB) no later than April 1. Failure to comply could result in criminal charges, fine(s) of \$10,000 or more, and/or disciplinary action. Both forms are to be filed with the Department Filing Officer in HRB, who will then forward to OLS for review.

PRINT EMPLOYEE NAME                      DIVISION                      POSITION NO. AND APPOINTMENT  
TYPE (i.e., consultant, contractor)

\_\_\_\_\_

**I. First Line Supervisor Review (required).** I have reviewed the attached Form 700. Based upon my review and knowledge of the filer’s position, I have concluded that the Form 700 (check all that apply):  is complete<sup>1</sup> (required);  has an original signature (required);  No reportable interests are disclosed on any schedule (no further explanation required);  Reportable interests are disclosed on the following schedules:  
 A-1;  A-2;  B;  C;  D;  E. Please explain why the outside economic interest(s) do(es) not constitute nor appear to constitute a conflict of interest (i.e. unrelated to DHCS business; unrelated to filer’s governmental decisions; interest immaterial; conflict mitigated): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am unable to determine that the outside economic interest does not pose a conflict of interest and request further review of this Form 700 because (i.e. outside employment closely related to DHCS; business ownership closely related; unclear if gift is acceptable; conflict is suspected): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
First Line Supervisor Signature

\_\_\_\_\_  
Please Print Name

**II. Second Line Supervisor Review (required if any reportable interests disclosed).**

I have reviewed the attached Form 700 and I  agree  disagree with the First Line Supervisor’s assessment. The basis of my opinion is: \_\_\_\_\_

I am requesting a review be completed by OLS. (Submit forms to HRB. HRB will route to OLS.)

\_\_\_\_\_  
Second Line Supervisor Signature

\_\_\_\_\_  
Please Print Name

<sup>1</sup> Complete Form 700s must include all applicable schedules attached and all requested information provided.