

**STATE OF MINNESOTA  
POLITICAL ACTIVITIES OF STATE  
AGENCY EMPLOYEES**

Minnesota Management and Budget  
400 Centennial Office Building  
658 Cedar Street  
St. Paul, MN 55155

1. Any state agency employee who intends to file for an elected public office must request the opinion of Minnesota Management and Budget (MMB) to determine if the campaigning for and/or holding of that office conflicts with the employee's regular state employment. MMB's opinion is final.
2. Some state agency employees are covered by the provisions of the Federal Hatch Act. The Hatch Act prohibits state and local government employees whose salary is entirely funded by federal loans or grants from running for the nomination or as a candidate for election to a partisan political office. A "partisan political office" is any office for which any candidate is nominated or elected as representing a national political party. It includes primary or run-off elections which are intended to determine the political party's candidate. For more information concerning the Hatch Act, contact the U.S. Office of Special Counsel, (800) 854-2824 or hatchact@osc.gov.
3. Please complete this form and submit it to MMB as instructed below.

For more information, refer to [Administrative Procedure 32 Political Activities of State Employees](#); [HR/LR Policy #1401 Voting Leave and Other Election Topics](#) section V. Political Activities of State Employees; and [M.S. 43A.32](#).

**Part 1: Employee**

Name of Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Email Address: \_\_\_\_\_

Political office for which you intend to run: \_\_\_\_\_

Describe the type of political activity you plan to engage in and the extent of your anticipated participation.

Will campaigning for this office conflict with the performance of your present job?                      Yes                      No

If yes, explain:

Is your state agency salary entirely (100%) funded by federal loans or grants?                      Yes                      No

Is the political office for which you intend to run a partisan political office (definition above)?                      Yes                      No

What types of program areas are involved in your state agency job? **In addition to answering this question, you must submit your current position description(s) with this form.**

What decisions do you make or are you involved in which might impact the political entity for which you wish to be a candidate?

What type of contact or interactions via your state agency job do you have with that political entity?

What types of decisions are made by the person holding the political office you seek?

What impact would these decisions have on the State of Minnesota or your agency?

Amount of time required by the political office: \_\_\_\_\_

**EMPLOYEE SIGNATURE**

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

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

**Part 2: Supervisor**

Will the employee’s described candidacy for and/or holding the identified public office conflict with their agency employment?      Yes      No

If yes, explain

Are the employee’s responses to questions in Part 1 correct to the best of your knowledge?      Yes      No

If no, explain: \_\_\_\_\_

**SUPERVISOR SIGNATURE**

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

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

**Part 3: HR Director**

**HR DIRECTOR SIGNATURE**

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

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form must be signed by the employee, the employee’s supervisor, and the agency/department human resources director prior to its submission to Minnesota Management and Budget (MMB). **The employee’s current Position Description(s) must be submitted to MMB with this form.** Send the completed form to the Commissioner of MMB, 400 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155.