

STATE OF MINNESOTA
POLITICAL ACTIVITY OF STATE EMPLOYEES

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

1. All state agency employees who have filed for any elected public office must request the opinion of MMB to determine if holding the office would conflict 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 type or print responses on this form and return it to Minnesota Management & Budget at the address below.

For more information, see Minnesota Management & Budget [Administrative Procedure #32 \(Political Activity of State Employees\)](#).

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? (You must attach your position description.)

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

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

Signature: _____ Date: _____

Part 3: HR Director

HR DIRECTOR SIGNATURE

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 & Budget. Send the completed form to the Commissioner of Minnesota Management & Budget, 400 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155.