

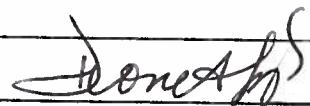
**DISCLOSURE BY STATE EMPLOYEE OF PART-TIME POSITION  
AT A STATE-FUNDED FACILITY AND CERTIFICATION OF CRITICAL NEED  
AS REQUIRED BY G. L.C. 268A, § 7**

**RECEIVED  
STATE ETHICS COMMISSION**

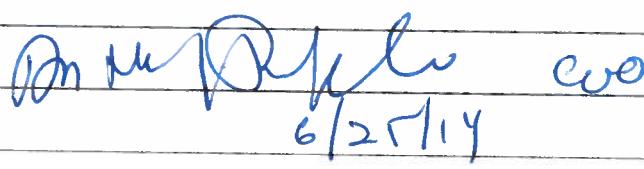
Complete the disclosure below and submit it to the head of the facility.

2014 JUL -7 AM 9:40

<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Diane Aseltine-Grzyb
Title/ Position:	ASL Interpreter
Agency/Department:	Massachusetts Commission for the Deaf and Hard Of Hearing
Agency Address:	600 Washington St., Boston, MA 02111
Office Phone:	617-740-1600
Office E-mail:	
	I am a state employee, and I am interested in working part-time for a facility operated or designed for the care of mentally ill or mentally retarded persons, or public health, a correctional facility, or another facility principally funded by the state which provides similar services. The head of the facility has certified below that there is a critical need for my services.
<b>FACILITY WITH A CRITICAL NEED FOR YOUR SERVICES</b>	
Name of facility with critical need:	Worcester Recovery Center and Hospital/Psychology/DMH
Address of facility	309 Belmont St., Worcester, MA
State agency that funds the facility:	DMH
Write an X to confirm each statement.	<input checked="" type="checkbox"/> The facility operates on an uninterrupted and continuous (24-hour) basis; <input checked="" type="checkbox"/> In my state employee position, I do not participate in, or have official responsibility for, the financial management of the facility; <input checked="" type="checkbox"/> I will be compensated for this part-time employment for not more than four hours in any day in which I am otherwise compensated by the Commonwealth; and <input checked="" type="checkbox"/> My rate of pay will not exceed that of a state employee classified in step one of job group XX of the general salary schedule contained in G.L. c. 30, § 46 (currently \$554.69/week).
Services you will provide to the	American Sign Language Interpreting provided to Deaf staff and Deaf patients unit.

facility:	
Rate of compensation: See G.L. c. 268A § 7 and G.L. c. 30, § 46.	State contracted rate of \$57.00/hr.
Employee signature:	
Date	6-17-14

### CERTIFICATION BY ADMINISTRATIVE HEAD OF FACILITY

INFORMATION ABOUT ADMINISTRATIVE HEAD OF THE FACILITY	
Name of administrative head of facility.	Anthony Riccitelli
Title/ Position:	Chief operating Officer
Address:	309 Belmont St. Worc. MA 01604
Office phone:	508-368-3461
Office e-mail:	Anthony.Riccitelli@state.ma.us
CERTIFICATION	
	I have received the disclosure above from a state employee who seeks to work part-time at the facility I oversee. I certify that there is a critical need at the facility for the services of the state employee.
Signature:	
Date:	6/25/14

Attach additional pages if necessary.

File copy with:

State Ethics Commission  
One Ashburton Place, Room 619  
Boston, MA 02108