


**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED
STATE ETHICS COMMISSION

Name of special state employee:	SPECIAL STATE EMPLOYEE INFORMATION Galina Gittens <div style="text-align: right;">2015 AUG 31 AM 10:02</div>
Put an X beside one statement.	I am a special state employee because: <input type="checkbox"/> I serve in a state position for which no compensation is provided. <input type="checkbox"/> I am not an elected official, and I earned compensation for fewer than 800 hours in the preceding 365-day period. <input checked="" type="checkbox"/> By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours . <input type="checkbox"/> I work for a company or organization which has a contract with a state agency, and I am a " key employee " because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above .
Title/ Position	Clinical Services Consultant / contractor
Fill in this box if it applies to you.	If you are a special state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
State Agency/ Department:	This is "my State Agency." Mass. Rehabilitation Commission/ Vocational Rehabilitation Services.
Agency Address:	600 Washington St. Boston MA 02111
Office phone:	(617) 204-3600
Office e-mail:	-
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	7/21/15
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 .	ELECTED SPECIAL STATE EMPLOYEE I am an elected special state employee. <input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency before I was elected to a compensated special state employee position. I will continue to have this financial interest in a state contract. <input checked="" type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.

<p>Write an X by your financial interest.</p>	<p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input checked="" type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
<p>BOX #2</p> <p>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X by your financial interest.</p>	<p>NON-ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency, other than an employment contract, before I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A contract between a state agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p>OR</p> <p><input checked="" type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input checked="" type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
<p>Name and address of state agency that made the contract</p>	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>This is the "contracting agency."</p> <p>Disability Evaluation Services / UMass Medical</p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p>
<p>FILL IN THIS BOX OR THE NEXT BOX</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</p> <p>- Please explain what the contract is for.</p> <p>will provide evaluations as a consultative examiner.</p>

	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</p> <ul style="list-style-type: none"> - Please identify the person or entity that has the contract with the state agency. - What is your relationship to the person or entity? - What is the contract for? <p style="text-align: center;">N / A</p>
What is your financial interest in the state contract?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p style="text-align: center;">.</p>
Date when you acquired the financial interest	<p style="text-align: center;">N</p>
What is the financial interest of your immediate family?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p style="text-align: center;">N / A</p>
Date when your immediate family acquired the financial interest	<p style="text-align: center;">N / A</p>
Employee signature:	<p style="text-align: center;"></p>
Date:	<p style="text-align: center;">8/28/15</p>

Attach additional pages if necessary.

File your completed, signed Disclosure with:
State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108