Massachusetts Rehabilitation Commission
Disability Determination Services

Fax Transmittal Form

To		From	
Name:	Ethics Commission	Name:	Dr Weidg
Fax No:	617 723 5851	Fax No:	
Phone No:		Phone No:	
Total Pages	2 (Including Cover Page)	Date Sent:	07/27/21

Comments

Massachusetts Rehabilitation Commission
Disability Determination Services
110 Chauncy Street
Boston, Massachusetts 02111

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

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

	STATE EMPLOYEE INFORMATION
Name:	Alexandra M Wiuda
Title/ Position:	Sex Offender Registry Board Member
Agency/Department:	Sex Offender Registry
Agency Address:	P.O. Box 392, Millbury, MA 01527
Office Phone:	(978) 740-6400
Office E-mail:	Alexandra.Wiuda@mass.gov
	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.
	FACILITY WITH A CRITICAL NEED FOR YOUR SERVICES
Name of facility with critical need:	MRC Disability Determination Service
Address of facility:	135 Sawmill Highway, Pittsfield, MA 01201
State agency that funds the facility:	Social Security Administration
Write an X to confirm each statement:	X The facility operates on an uninterrupted and continuous (24-hour) basis; X In my state employee position, I do not participate in, or have official responsibility for, the financial management of the facility; X I will be compensated for the part-time employment for not more than four hours in any day in which I am otherwise compensated by the Commonwealth; and X 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 $534.69/week).

Service that will be provided by the facility:	Psychological Testing and Evaluation
Reason for exemption, i.e., G.L. c. 268A § 7 and G.L. c. 30 § 46:	
Employee signature:	Dr. Sarah Wade
Date:	6/9/21

CERTIFICATION BY ADMINISTRATIVE HEAD OF FACILITY

	INFORMATION ABOUT ADMINISTRATIVE HEAD OF THE FACILITY
Name of administrative head of facility:	Ayo James
Title/ Position:	Assistant Commissioner
Address:	185 South Highway, Dredd, MA 02149
Office phone:	(617) 631-7400
Office e-mail:	ayo.james@state.gov
	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:	6/14/2021

Attach additional pages if necessary.

File copy with:

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