



STANDARD PROCEDURES OF THE WASHINGTON SUBURBAN SANITARY COMMISSION

ORIGINATOR & POSITION	SP NUMBER	APPROVE BY/DATE	EFFECTIVE DATE	PAGE 1 OF 2
Haskell Arnold Internal Auditor	IA 06-01	Commission <i>MPL</i> January 18, 2006 <i>4/5/06</i>	<i>01/08/06</i> (<i>Jm</i>)	
SUBJECT: PUBLIC REVIEW OF WSSC EMPLOYEE FINANCIAL DISCLOSURE STATEMENTS				

PURPOSE:

To provide procedures for the examination and release of WSSC employee financial disclosure statements to the general public

POLICY:

Pursuant to Article 5 of the WSSC Code of Ethics, copies of Financial Disclosure Statements will be provided to individuals requesting them at a cost of twenty-five cents (\$.25) per copied page (single side). The Office of Internal Audit (the Office) will provide this service between the hours of 9:00 a.m. and 3:00 p.m. Monday through Friday, excluding Holidays.

This procedure does not apply to a request to view a financial disclosure statement that is made in connection with an audit, or civil or criminal investigation conducted by a governmental entity.

PROCEDURE:

1. A member of the public must use the attached Request for Financial Disclosure Statement Form (RFDS, Attachment 1) to request a copy of a Financial Disclosure Statement for any Washington Suburban Sanitary Commission employee. **Note:** A separate Request for Financial Disclosure Statement Form must be completed for each individual employee requested. A Request for Financial Disclosure Statement Form will not be accepted for a group of employees in a particular organizational unit, team or group, etc.
2. The requester will be required to appear in person with a completed Request for Financial Disclosure Statement Form. The requester must provide valid photo government issued identification (e.g. driver's license or other government photo identification and a change of address card where applicable). Non-government issued identification will not be accepted. The address on the valid identification/address cards must correspond with that provided on the completed Request for Financial Disclosure Statement Form.

3. The Office will review the Request for Financial Disclosure Statement Form for completeness and make a copy of the identification provided. The Office will advise the requester to remit the appropriate fees to the WSSC Cashier's Office in the COB lobby utilizing a form similar to Attachment #2. The Office will not collect any fees.
4. The requested Financial Disclosure Statement will not be provided until 24 hours after the Office receives the requester's completed Financial Disclosure Statement Request Form.
5. As soon as practicable, but no later than the next business day after receipt of the request, the Office will notify the employee whose Financial Disclosure Statement was requested and provide that employee with a copy of the applicable Request for Financial Disclosure Statement Form. Best efforts will be made to advise the employee of the request prior to release of the Financial Disclosure Statement
6. Copies of all Request for Financial Disclosure Statement Forms will be maintained in the Office of Internal Audit.

AUTHORITY CLAUSE:

The General Counsel certifies that the statutory authority for the adoption of this Standard Procedure is Article 29, Section 9-101 of the Annotated Code of Maryland and Section 4 of the Washington Suburban Sanitary Commission Code of Ethics.

Attachments

DISTRIBUTION:

General Manager's Office
Commission Office
Internal Audit Office
Human Resources
WSSC Intranet/Internet

REQUEST FOR FINANCIAL DISCLOSURE STATEMENT FORM
(Attachment 1)

REQUEST NUMBER: _____

DATE: _____

NAME OF EMPLOYEE FOR WHOM A FINANCIAL DISCLOSURE STATEMENT WAS
REQUESTED: _____

NAME OF REQUESTER: _____

EMPLOYER & BUSINESS ADDRESS: _____

HOME ADDRESS: _____

MARYLAND DRIVERS LICENSE NUMBER (attach a copy): _____

OTHER GOVERNMENT IDENTIFICATION (attach a copy):

TYPE: _____

NUMBER: _____

SIGNATURE OF REQUESTER: _____

CASH RECEIPT (attachment 2)

PREPARE IN DUPLICATE - 1 COPY FOR CUSTOMER & 1 COPY FOR WSSC FILE

ACCOUNT # 6692A-00-070

DATE _____ 20__

RECEIVED FROM _____

FIRM NAME & BUSINESS ADDRESS

HOME ADDRESS

DAYTIME PHONE _____ EVENING PHONE _____

PAYMENT FOR _____ copy of Financial Disclosure Statement _____

IN THE AMOUNT OF \$ _____

RECEIVED FROM _____

RECEIVED BY _____

WSSC UNIT _____ EXT. _____