



OFFICE OF THE STATE INSPECTOR GENERAL
Statement of Objectivity

Employee Name: _____

Position: _____

As an employee, contractor or consultant of the Commonwealth of Virginia Office of the State Inspector General (OSIG), I agree and understand that I am expected to carry out my work freely and objectively and to provide impartial and unbiased judgements.

I further agree that I will promptly notify OSIG leadership in writing concerning any situation that could impair me in conducting all assigned work objectively, fairly and impartially or that might lead others to question the integrity of my work.

I further agree that when attending meetings or conducting interviews, I shall not record meetings and/or interviews without the knowledge and consent of every executive branch agency employee in attendance. If any attendee indicates that he/she is recording the meeting, each attendee shall document consent in a sworn statement; however, this statement does not apply to administrative activities or criminal investigations as required or authorized by law. OSIG will provide a copy of this sworn statement to all meeting attendees within 24 hours of the meeting conclusion.

Examples of Personal Impairment to Objectivity:

- Personal, official, professional or financial relationships (includes relatives employed by organizations subject to OSIG review) that might cause the work or findings on behalf of OSIG to be questioned in any way as being biased, partial, prejudiced, unfair or non-objective.
- Preconceived ideas toward individuals, groups, organizations or objectives of a particular program that could bias findings.
- Previous responsibility for decision-making or managing an entity that would affect current operations of the organization or program being reviewed.
- Biases, including those induced by political or social conventions, that result from employment in or loyalty to a particular group, organization, or level of government.
- Financial interest, direct or substantial indirect, in the organization or program being reviewed.

Currently, the following may represent personal impairments:

I have reviewed my personal situation with respect to the objectivity of my work on behalf of OSIG. Except as indicated above (or on attached pages), I am not aware of any circumstances that might impair my ability to be independent and objective in my work.

I understand that it is my responsibility to update this disclosure and to make immediate written notification in the event any other circumstances arise in the future that might impair or appear to impair my independence with respect to my work at OSIG.

Signature: _____
Date: _____