

ADMINISTRATIVE RIGHTS FORM

NAME _____ SSN _____

DEPT _____ TITLE _____

DATE _____ TIME _____

LOCATION OF INTERVIEW _____

I understand that I am here today to be interviewed by _____
from the State of Illinois Office of the Legislative Inspector General.

I understand that this investigatory interview is part of an official administrative inquiry, and that I am obligated to cooperate, pursuant to section 25-70 of the State Officials and Employees Ethics Act (5 ILCS 430/25-70). I understand that refusal to cooperate could subject me to disciplinary action up to and including discharge.

I understand that any false, inaccurate, or deliberately incomplete statements by me could result in disciplinary action up to and including discharge.

I understand that any statement made by me in the course of this interview could be used as the basis for disciplinary action up to and including discharge.

I understand that I may have counsel present with me at this investigatory interview and that nothing in section 25-70 limits or alters my existing rights or privileges under state or federal law.

Employee Date Witness Date

Witness Date