

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

	STATE EMPLOYEE INFORMATION
Name:	Marsha Tomes
Title or Position:	Health Care Facilities Inspector-I
State Agency:	DHCFLC
Agency Address:	67 Forest St Marlborough MA 01752
Office Phone:	617-549-6510
Office E-mail:	Marsha.tomes@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	PARTICULAR MATTER
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. I would like to obtain per-diem employment as a floor nurse at Whittier Rehab Health Network on their Transitional Care Unit in Bradford, MA. This particular unit is licensed under Long Term Care licensure and regulations, which is a provider type that my department regulates. Please also note that I have never conducted a survey at this particular unit or Facility. I am seeking this per-diem employment for hours outside of my department hours (example: weekends and holidays)
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. I am seeking review and approval for perdiem employment at Whittier Health Network TCU in Bradford MA and also a careful outline of any restrictions this may impose on my duties as a health care facilities inspector for long term care Facilities.
	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all that apply.	☒ I have a financial interest in the matter. ☐ My immediate family member has a financial interest in the matter. ☐ My business partner has a financial interest in the matter. ☐ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter.

	☐ I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it. Pay would be hourly and will be variable depending on hours worked.
Employee signature:	
Date:	03/04/2026

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Teryl Smith
Title or Position:	Bureau Director
Agency/Department:	Healthcare Safety & Quality
Agency Address:	67 Forest Street, Marlborough, MA
Office Phone:	Cell: 413.365.1465
Office E-mail	Teryl.a.smith@mass.gov
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. ☐ I am assigning the particular matter to another employee, or ☐ I am assuming responsibility for the particular matter, or ☒ I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	3-10-26
Comment:	

Attach additional pages if necessary.

File copy with:

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

Form Revised February, 2012