

PM - 11 FORM A

Disclosure of Outside Employment

LSU Health Care Services Division

LSU PM-11 requires that all full-time employees of the LSU System comply with its provisions and disclose all outside employment as defined within it. Completion of Form A is required for each outside employment event; blanket approvals will not be granted. If the approval of the HCSD CEO or the President of the LSU System is required, Form B must be attached. Employees are required to become familiar with PM-11 before completing this form.

EMPLOYEE DISCLOSURE	
Employee Name:	Name of employer or business:
Department:	Time commitment required:
Describe proposed activity below:	
1. My outside employment would be an entity currently doing or actively seeking to do business with LSU. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. I am collaborating with or on special assignment to a unit within LSU with which the company is doing or is seeking to do business. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. My outside employment would involve teaching, which results in university credit, will be conducted on HCSD time or will utilize HCSD property or services. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. My outside employment would yield results which advance a theory or practice in my field. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. My outside employment would involve my providing professional, personal, consulting, and social services to a department, commission, council, board, office, corporation or any other establishment in the Executive Branch of the State of Louisiana. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. My outside employment would result in my receiving compensation to assist in the passage or defeat of state legislation during the fiscal year in which the legislation was pending in the legislature. <input type="checkbox"/> Yes <input type="checkbox"/> No
I will explain to the proposed employer that: (1) I do not represent the outside employer as an employee of LSU in any manner, (2) any views I express on behalf of an outside employer do not necessarily reflect the view of LSU, and (3) in no way may the name LSU HCSD nor my official LSU HCSD capacity be used in support of any position I may take on behalf of the outside employer. Furthermore, I certify that LSU HCSD personnel and equipment will not be used in connection with outside employment other than as provided in PM-11.	
My signature attests to my understanding of and compliance with PM-11.	
Name:	Job Title:
Signature:	Date:
Department:	

ADMINISTRATIVE REVIEW

Check the number corresponding to any employee responses under the Employee Disclosure section with which you **disagree**.

Department Manager	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Division/Service Director	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Administrator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Indicate your agreement or disagreement with the statements below.

7. The proposed duties ordinarily would be performed as part of the public service portion of the employee's duties and responsibilities.	Department Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Division/Service Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. The proposed activity more appropriately would be accomplished by a contract through the agency.	Department Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Division/Service Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. The legal entity for which the outside employment is proposed has substantial economic interest which may be materially affected by the way in which the employee performs his or her duties and responsibilities as an employee.	Department Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Division/Service Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The outside employment involves public policy.	Department Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Division/Service Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADMINISTRATIVE APPROVALS

If the answer is YES in either question # 3 on page 1 or question # 10 on page 2, the President of the LSU System's approval is required. If the answer is YES to any other question, the HCSD Chief Executive Officer's approval is required. If all responses are NO, then outside employment may be approved by the Administrator.

RECOMMENDED
 NOT RECOMMENDED

Signature: _____

Department Manager

Date: _____

RECOMMENDED
 NOT RECOMMENDED

Signature: _____

Division/Service Director

Date: _____

ACTION BY ADMINISTRATOR

APPROVED
 NOT APPROVED
 Returned to employee for additional information
 Forwarded to HCSD for action by CEO or LSU System President

Administrator's Signature: _____

Date: _____

All administrative personnel reviewing this form hereby certify that they have read and are familiar with the Louisiana Code of Governmental Ethics and that approval of this outside employment does not knowingly violate the Code of Ethics, PM-11 or any other rule or regulation of LSU.