File No. _____

PM -11 FORM B

Disclosure of Outside Employment
LSU Health Care Services Division

If outside employment requires approval by the HCSD Chief Executive Officer or the LSU System President, the employee must follow the certification and contracting provisions of PM-11 under the Approval Level section for outside employment. All required documents shall be attached to and made a part of this Disclosure Form before submission through administrative channels for reveiw by the Chief Executive Officer. The approvals below must be obtained before engaging in the proposed outside employment.

EMPLOYEE DISCLOSURE

Employee's name: _____

Proposed outside employer or business: _____

Proposed compensation to be received: _____

Date: _____

APPROVAL/CERTIFICATION BY CHIEF EXECUTIVE OFFICER

The outside employment activities are not within the course and scope of the employee's duties to HCSD for which the employee is being compensated by HCSD.

The outside employment activities do not conflict, delay or in any manner interfere with instructional, scholarly and/or services which the employee is obligated to perform for HCSD.

Consulting activities to be performed are within the academic or professional discipline of the employee or are related to the area of expertise in which the employee is employed by HCSD.

Signature:

_____ _____

Chief Executive Officer Date
LSU Health Care Services Division

OUTSIDE EMPLOYMENT INVOLVING PUBLIC POLICY OR A STATE AGENCY

☐ Approved Signature:

☐ Not Approved _____ _____

President Date