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| <b>FOR USE BY VICE CHANCELLOR</b><br><b>FILE NO. _____</b><br><b>FORM B approval necessary</b><br><b>Yes                      No</b> |
|--|

# PM – 11 FORM A

## Disclosure of Outside Employment

Louisiana State University Health Sciences Center

Louisiana State University Presidential Memorandum Number 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 Chancellor or President is required, Form B must also be attached. Employees are required to become familiar with PM – 11 before completing this form. **FORM MUST BE TYPED EXCEPT FOR REQUIRED SIGNATURE AT BOTTOM.**

| <b>EMPLOYEE DISCLOSURE</b>   |   |
|--|---|
| Employee Name:   | Name of outside employer (Not LSUHSC):  |
| Department:  | Date & Time commitment required:  |
| Describe proposed activity below:  |   |
| 1. My outside employment would be an entity currently doing or actively seeking to do business with my unit at the University.<br><div style="text-align: right;">Yes      No</div>  | 4. I am collaborating with or on special assignment to a unit within the University with which the company is doing or is seeking to do business.<br><div style="text-align: right;">Yes      No</div>  |
| 2. My outside employment would involve teaching, which results in university level credit, will be conducted on University time or will utilize University property or services.<br><div style="text-align: right;">Yes      No</div>  | 5. My outside employment would yield results which advance a theory or practice in my field.<br><div style="text-align: right;">Yes      No</div>   |
| 3. My outside employment would involve my providing professional, personal, consulting and social services to a department, commission, council, board, office, bureau, committee, institution, agency, government, corporation, or any other establishment of the Executive Branch of the State of Louisiana.<br><div style="text-align: right;">Yes      No</div>  | 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.<br><div style="text-align: right;">Yes      No</div> |
| I will explain to the proposed employer that: (1) I do not represent said outside employer as an employee of the University in any manner, (2) any views I express on behalf of an outside employer do not necessarily reflect the view of the University, and (3) in no way may the name of the University nor my official University capacity be used in support of any position I may take on behalf of said outside employer. Furthermore, I certify that University personnel, laboratories 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 :   | Title:  |
| Signature:   | Department:   |
| Date:  |   |

## ADMINISTRATIVE REVIEW

|  |                                      |   |   |   |   |     |    |
|--|--------------------------------------|---|---|---|---|-----|----|
| Check the number corresponding to any employee responses with which you disagree:  |                                      |   |   |   |   |     |    |
| Department Chair/Head/Director   |                                      | 1 | 2 | 3 | 4 | 5   | 6  |
| Dean/Administrative Officer  |                                      | 1 | 2 | 3 | 4 | 5   | 6  |
| Vice Chancellor for Academic Affairs   |                                      | 1 | 2 | 3 | 4 | 5   | 6  |
| Indicate your agreement or disagreement with the following statements:   |                                      |   |   |   |   |     |    |
| 7. The proposed duties ordinarily would be performed as part of the public service portion of the employee's duties and responsibilities.  | Department Chair/Head/Director       |   |   |   |   | Yes | No |
|  | Dean/Administrative Officer          |   |   |   |   | Yes | No |
|  | Vice Chancellor for Academic Affairs |   |   |   |   | Yes | No |
| 8. The proposed activity more appropriately would be accomplished by a contract through the university   | Department Chair/Head/Director       |   |   |   |   | Yes | No |
|  | Dean /Administrative Officer         |   |   |   |   | Yes | No |
|  | Vice Chancellor for Academic Affairs |   |   |   |   | Yes | 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 a University employee. | Department Chair/Head/Director       |   |   |   |   | Yes | No |
|  | Dean /Administrative Officer         |   |   |   |   | Yes | No |
|  | Vice Chancellor for Academic Affairs |   |   |   |   | Yes | No |
| 10. The outside employment involves public policy.   | Department Chair/Head/Director       |   |   |   |   | Yes | No |
|  | Dean /Administrative Officer         |   |   |   |   | Yes | No |
|  | Vice Chancellor for Academic Affairs |   |   |   |   | Yes | No |

## ADMINISTRATIVE APPROVALS

If the answer is YES in either question (3) on page 1 or question (10) on page 2, the President's approval is required.  
 If the answer is YES to any other question, the Chancellor's approval is required. If all responses are NO, then outside employment may be approved by the Vice Chancellor for Academic Affairs.

|                                |  |       |      |
|--------------------------------|--|-------|------|
| RECOMMENDED<br>NOT RECOMMENDED | Signature: _____<br>Department Chair/Head/Director | _____ | Date |
| RECOMMENDED<br>NOT RECOMMENDED | Signature: _____<br>Dean Administrator Officer     | _____ | Date |

## ACTION BY VICE CHANCELLOR FOR ACADEMIC AFFAIRS

|   |  |       |      |
|---|--|-------|------|
| APPROVED<br>DISAPPROVED<br>Forwarded through Chancellor for action by President<br>Returned to employee for compliance with PM – 11 requirements requiring approval of Chancellor | Signature: _____<br>Vice Chancellor for Academic Affairs | _____ | Date |
|---|--|-------|------|

All reviewing administrators 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 the University.

File No. \_\_\_\_\_

# PM – 11 FORM B

## Disclosure of Outside Employment Requiring Approval by the Chancellor of the President

Louisiana State University Health Sciences Center

If outside employment requires approval by the Chancellor or the 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 review by the Chancellor. The following approvals 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 CHANCELLOR

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

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 the University.

The 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 the University.

Signature:

\_\_\_\_\_  
Chancellor  
Louisiana State University Health Sciences Center

\_\_\_\_\_  
Date

### OUTSIDE EMPLOYMENT INVOLVING PUBLIC POLICY OR A STATE AGENCY

APPROVED

Signature:

NOT APPROVED

\_\_\_\_\_  
President

\_\_\_\_\_  
Date