In accordance with Louisiana Revised Statutes and policies of the University of Louisiana System, each employee of Grambling State University (full- and part-time) must report any outside or dual employment for which a salary, retainer, fee, or other form of remuneration is paid. A separate disclosure form is required for each outside employment activity reported. Should an additional outside employment activity be initiated subsequent to the annual disclosure date, a separate form must be submitted at that time.

If you **DO NOT HAVE** outside employment, fill in your name, department and job title; check the appropriate box; sign and date the form on page 2; and return to the Office of Human Resources at Campus Box 4261 or Long-Jones Hall, Room 148. If you **DO** have outside or dual employment, complete items 1 through 5 in addition to the items mentioned in the previous sentence, and secure the signatures of your department head and dean. Upon completion, forward the completed form to the Office of Human Resources.

**Employee Disclosure:**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>(Please type or print the following information &amp; sign on the last page)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT:</td>
<td>JOB TITLE:</td>
</tr>
<tr>
<td>_______ I do NOT have outside employment.</td>
<td>_______ I DO have outside employment.</td>
</tr>
<tr>
<td>_______ I AM self-employed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and address of outside employer or business:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Time Commitment Required:</th>
<th>Inclusive Dates of Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Hours per day/days of week)</td>
<td>(Effective date of outside employment thru June 30)</td>
</tr>
</tbody>
</table>

1. Describe the nature of the outside employment: ________________________________________________

2. Will this outside employment, combined with any other outside employment previously approved, prevent or infringe upon the performance of regularly assigned full-time duties?

   ________YES       ________NO

   If yes, please explain: ________________________________________________
3. Will this outside employment entail the utilization of University facilities, equipment, materials, or involve other University employees or students: ______YES ______NO

If yes, please explain: ____________________________________________________________

4. Will this outside employment involve an entity currently doing or actively seeking to do business with your University department or administrative unit? ______YES ______NO

If yes, please explain: ____________________________________________________________

5. Will this outside employment involve any other governmental entity (local, state, federal)?

    ______YES ______NO

If yes, please explain: ____________________________________________________________

It is further understood that you have familiarized yourself with the provisions of Louisiana Revised Statutes 42:1101 et seq. relative to outside employment, Louisiana Revised Statutes 42:61 et seq. relative to dual office holding and the University Policy/Procedure on Outside Employment of University Employees of Grambling State University. Copies of these documents are available for review in the University Library, the Human Resources Office, the Office of Internal Audit, or on the University’s web page. Copies of the Board policies and procedures related to outside employment may be found at www.uls.state.la.us.

Employee
Signature: ___________________________________ Date: __________________________

Department Head: ___________________________ Date: __________________________

    Recommend approval: ___________ Disapproval: ___________

    Comments: ______________________________________________

Dean: ________________________________________ Date: __________________________

    Recommend approval: ___________ Disapproval: ___________

    Comments: ______________________________________________

To be forwarded to the Office of Human Resources:

Vice President: ____________________________ Date: __________________________

    Recommend approval: ___________ Disapproval: ___________

    Comments: ______________________________________________