SOUTHEASTERN LOUISIANA UNIVERSITY
Disclosure of Outside Employment

Employee Disclosure:

Employee Name: __________________________________  W#: ______________
(Print Name – Sign on Page 2)

Department: __________________}_     Title: ________________________________

Choose one:  Classified __________  Unclassified __________

_____ I do NOT have outside employment  _____ I DO have outside employment

Name and address of outside employer or business: ___________________________
_____________________________________________________________________

Time of Day,     Inclusive Dates
Days of Week     Required: ______________________  of Activity: ___/___/___ - ___/___/____

(See instructions for details.)

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 or regularly assigned Southeastern
   duties? __________________

3. Will this outside employment entail the utilization of University facilities, equipment,
   materials, or involve other University employees or students? __________________
   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? ______________
   If yes, please explain: ____________________________________________________

5. Is this outside employment with any other governmental entity (local, state, federal)?
   ____________  If yes, please explain: ________________________________________
Disclosure of Outside Employment

Employee
Signature: _______________________________  Date: _____________________

Employee Forward to
Your Supervisor: ___________________________  Date: ______________________

Supervisor
Recommend approval: _____  disapproval: _____
Comments: ___________________________________________________________

Supervisor Forward to
Department Head: ___________________________  Date: ______________________

Department Head
Recommend approval: _____  disapproval: _____
Comments: ___________________________________________________________

If your department has no dean, forward to Human Resources.

Department Head
Forward to
Dean: ___________________________  Date: ______________________

Dean
Recommend approval: _____  disapproval: _____
Comments: ___________________________________________________________

Dean Forward to the Human Resources Office

Vice President: ___________________________  Date: ______________________

Recommend approval: _____  disapproval: _____
Comments: ___________________________________________________________