07/01/2023 through 06/30/2024

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**SOUTHEASTERN LOUISIANA UNIVERSITY**

Disclosure of Outside Employment/Compensation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | | | |  | | | | | | | | | | | W#: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Department: | | |  | | | | | | | | | Title: |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Name and address of employer or business: | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Time Required: | | | |  | | | | | | Inclusive dates of activity: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Describe the nature of the outside employment/compensation: | | | | | | | | | | |  | | | | | | | | | | | |
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| Will this outside employment, combined with any other outside employment previously approved, prevent or infringe upon the performance or regularly assigned Southeastern duties? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | No |  | | Yes | | If yes, please explain: | |  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Will this outside employment entail the utilization of University facilities, equipment, materials or involve other University employees or students? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | No |  | | Yes | | If yes, please explain: | |  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Will this outside employment involve an entity currently doing or actively seeking to do business with your University department or administrative unit? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | No |  | | Yes | | If yes, please explain: | |  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Is this outside employment with any other local, state, or federal governmental entity? | | | | | | | | | | | | | | | | |  | No | | |  | Yes |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Certification:** I have taken appropriate leave and/or leave without pay for any hours worked during my normal business hours, class time, office hours, and mandatory department, college or university meetings/events.  I understand that if I begin any outside employment activities after completing this form, I am required to complete another form at the time such employment begins. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Employee’s Signature: | | | | | |  | | | | | | | | | Date: | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

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**SOUTHEASTERN LOUISIANA UNIVERSITY**

Disclosure of Outside Employment/Compensation

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | |
| Recommend Approval: | | | | | | |  | | Yes | | |  | No | Comment: | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Department Head: | | | | |  | | | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Recommend Approval: | | | | | | |  | | Yes | | |  | No | Comment: | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Dean/Director: | | |  | | | | | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | |
| Dean/Director, please forward to HR for final processing. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Approved: | |  | | Yes | | |  | | No | | Comment: | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Vice President: | | |  | | | | | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | |
| If the Outside Employment /Compensation requires Presidential Approval, please forward. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Approved: | |  | | Yes | |  | | No | | Comment: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| President: |  | | | | | | | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | |