

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,
Days of Week
Required: _____ Inclusive Dates
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: _____

SOUTHEASTERN LOUISIANA UNIVERSITY

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: _____