

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: _____

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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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: _____