

ANNUAL DISCLOSURE OF OUTSIDE EMPLOYMENT

In accordance with Louisiana Revised Statutes and policies of the University of Louisiana System, each full-time employee of Nicholls State University must report **any outside employment (including any personal business you may own)** 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 new form must be submitted at that time.** If no outside employment qualifies for disclosure, please fill in Name, N#, Department, Job Title, and state "None" in the blank for Name and Address of Outside Employer or Business. *The form must be signed by you. If you have outside employment, the form must be completed by you and also be signed by 1) your Supervisor, 2) Department Head, 3) Academic Dean (if applicable), and 4) Vice President.*

Employee Name (Printed): _____ N# _____

Department: _____ Job Title: _____

Name & Address of Outside Employer or Personal Business: _____

Inclusive Dates of Activity for Current Calendar Year: _____

1. Nature of the outside employment (or N/A): _____

2. How much time will this outside employment require? (Note: PPM 5.4.3.4 states "The amount of outside consulting work for remuneration in which a full-time faculty or staff member may engage shall be limited to an average of 12 hours per month in each semester of the academic year. These twelve hours are understood to be hours within the "working day" and have supervisory approval.)

____ Less than or equal to 12 hours per month (within "your NSU working day") - Describe commitment

____ More than 12 hours per month (within "your NSU working day") - Describe commitment

____ Commitment **not** within "your NSU working day" - Describe commitment

3. Will the outside employment, combined with any other outside employment previously approved, prevent or infringe upon the performance of regularly assigned full-time duties? _____
If yes, please explain: _____

4. Will this outside employment entail the utilization of university facilities, equipment, materials, or involve other university employees or students? _____ If yes, please explain: _____

5. Will this outside employment involve an entity doing or actively seeking to do business with your university department or administrative unit? _____ If yes, please explain: _____

6. Will this outside employment involve any other government (local, state, federal)? _____
If yes, please explain: _____

It is understood that: (1) You must not represent an outside employer as an employee of the University, (2) Any views you may express on behalf of an outside employer do not necessarily reflect the views of the University, (3) The name of the University and/or your official capacity at the University cannot in any way be used in support of any position you may take on behalf of an outside employer.

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 policies on these subjects as defined in the Nicholls State University Policy and Procedure Manual, as well as the Rules of the University of Louisiana System. Copies of these documents are available for review in the University Library, Human Resources Office, and in the offices of each Department Head and Dean.

Employee Signature: _____ Date: _____

Supervisor Name (Printed): _____ Date: _____

Supervisor Signature: _____

Supervisor Title: _____

Dept. Head/Budget Unit Head: _____ Date: _____

Comments: _____

Academic Dean: _____ Date: _____

Comments: _____

Appropriate Vice President: _____ Date: _____

Comments: _____

ALL SIGNATURES BELOW THIS POINT WILL BE OBTAINED, IF NECESSARY, DURING THE REVIEW PROCESS AS REQUIRED BY THE BOARD OF SUPERVISORS.

President: _____ Date _____

(if applicable)

Comments: _____

System President: _____ Date: _____

(if applicable)

Comments: _____

DO NOT COMPLETE THIS SECTION AT THIS TIME. IF FURTHER REVIEW IS NECESSARY YOU MUST THEN DISCLOSE COMPENSATION UPON REQUEST

Compensation: _____ per _____

Estimated Total Compensation to be Received: _____