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| | FOR USE BY VICE CHANCELLOR FILE NO. _____ FORM B approval necessary <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| POLICY No. 6.018 FORM A Disclosure of Outside Employment | | |
| Louisiana Community and Technical College System Baton Rouge, Louisiana | <u>List LCTCS Affected Institution and Location:</u> | <u>(Proposed Outside Employer and Location of Same)</u> |

LCTCS Policy No. 6.018 requires that all full-time employees of the LCTCS comply with its provisions and disclose, **on an annual basis**, all outside employment as defined within it. Completion of Form A is required for each outside employment event; blanket approvals will not be granted. If the approval of the Chancellor or President is required, Form B must be attached. Employees are required to become familiar with Policy No. 6.018 before completing this form.

EMPLOYEE DISCLOSURE

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| Employee Name: | Department: |
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Describe proposed activity below:

- | | |
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| 1. My outside employment would be with an entity currently doing or actively seeking to do business with my unit at _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. My outside employment would involve teaching, which results in LCTCS student credit, will be conducted on LCTCS time or will utilize LCTCS property or services. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. My outside employment would involve my providing professional, personal, consulting and social services to a department, commission, council, board, office, bureau, committee, institution, agency, government, corporation, or any other establishment of the Executive Branch of the State of Louisiana. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I am collaborating with or on special assignment to a unit within the LCTCS and/or an LCTCS institution with which the company is doing or is seeking to do business. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. My outside employment would yield results which advance a theory or practice in my field. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. My outside employment would result in my receiving compensation to assist in the passage or defeat of state legislation during the fiscal year in which the legislation was pending in the legislature. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I will explain to the proposed outside employer that: (1) I do not represent said outside employer as an employee of the LCTCS in any manner, (2) any views I express on behalf of an outside employer do not necessarily reflect the view of the LCTCS and/or an LCTCS institution, and (3) in no way the name of the LCTCS and/or this LCTCS institution nor my official LCTCS capacity be used in support of any position I may take on behalf of said outside employer. Furthermore, I certify that LCTCS personnel, laboratories and equipment will not be used in connection with outside employment other than as provided in LCTCS Policy No. 6.018.

My signature attests to my understanding of and compliance with LCTCS Policy No. 6.018.

Name:

Signature:

Date:

| ADMINISTRATIVE REVIEW | | |
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| Indicate your agreement or disagreement with the following statements. | | |
| 7. The proposed duties ordinarily would be performed as part of the public service portion of the employee's duties and responsibilities | Department Chair/Head Dean/Executive Director Vice Chancellor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. The proposed activity more appropriately would be accomplished by a contract through the LCTCS and/or the LCTCS institution. | Department Chair/Head Dean/Executive Director Vice Chancellor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. The legal entity for which the outside employment is proposed has substantial economic interest which may be materially affected by the way in which the employee performs his or her duties and responsibilities as an LCTCS employee. | Department Chair/Head Dean/Executive Director Vice Chancellor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. The outside employment involves public policy. | Department Chair/Head Dean/Executive Director Vice Chancellor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADMINISTRATIVE APPROVALS | | |
| If the answer is YES to either question (3) or (10), the President's approval is required. If the answer is YES to any other question, the Chancellor's approval is required. If all responses are NO, then outside employment may be approved by the _____. | | |
| Department Chair/Head Signature: | <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended |
| Dean/Executive Director Signature: | <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended |
| Vice Chancellor Signature: | <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended |
| ACTION BY CHANCELLOR | | |
| Chancellor Signature: | | |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> Forwarded thru Chancellor for Action by President | | |
| <input type="checkbox"/> Returned to employee for compliance with LCTCS Policy No. 6.018 requirements requiring approval of Chancellor. | | |
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| All reviewing administrators hereby certify that they have read and are familiar with the Louisiana Code of Ethics and that approval of this outside employment does not knowingly violate the Code of Ethics, PM-11 or any other rule or regulation of the LCTCS or LCTCS institution. | | |