07/01/2023 through 06/30/2024

Page 1 of 2

**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: |  |
|  |

07/01/2023 through 06/30/2024

Page 2 of 2

**SOUTHEASTERN LOUISIANA UNIVERSITY**

Disclosure of Outside Employment/Compensation

|  |
| --- |
|  |
| 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: |  |
|  |