|  |                                  |                | FILE NO.                   |
|--|----------------------------------|----------------|----------------------------|
| POLICY No. 6.018 FORM B  |                                  |                |                            |
| Disclosure of Outside Employment Requiring Approval by Chancellor or President   |                                  |                |                            |
| Louisiana Community and  | List LCTCS Affected              |                | (Proposed Outside Employer |
| Technical College System   | <b>Institution and Location:</b> |                | and Location of Same)      |
| Baton Rouge, Louisiana   |                                  |                |                            |
| -  |                                  |                |                            |
|  |                                  |                |                            |
| If outside employment requires approval by the Chancellor or the President, the employee must follow the   |                                  |                |                            |
| certification and contracting provisions of Policy No. 6.018 under the Approval Level section for outside  |                                  |                |                            |
| employment. All required documents shall be attached to and made a part of this Disclosure Form before   |                                  |                |                            |
| submission through administrative channels for review by the Chancellor. The following approvals must  |                                  |                |                            |
| be obtained before engaging in the proposed outside employment and requested on an annual basis  |                                  |                |                            |
| thereafter, as long as outside employment is applicable.   |                                  |                |                            |
| EMPLOYEE DISCLOSURE  |                                  |                |                            |
| Employee Name:   |                                  | Department:    |                            |
| Proposed compensation to be received:  |                                  | Date:          |                            |
|  |                                  |                |                            |
| A DDD OVA I /CEDEUCI / EUON DV CUI A NICEL I OD  |                                  |                |                            |
| APPROVAL/CERTIFICATION BY CHANCELLOR   |                                  |                |                            |
| The outside employment activities are not within the course and scope of the employee's duties to the  |                                  |                |                            |
| college for which the employee is being compensated by the LCTCS and/or an LCTCS institution.  |                                  |                |                            |
| The outside ampleyment activities do not conflict, delay or in any manner interfers with instructional   |                                  |                |                            |
| The outside employment activities do not conflict, delay or in any manner interfere with instructional, scholarly and/or services which the employee is obligated to perform for the LCTCS and/or an LCTCS |                                  |                |                            |
| institution.   |                                  |                |                            |
| ilistitution.  |                                  |                |                            |
| The consulting activities to be performed are within the academic or professional discipline of the  |                                  |                |                            |
| employee or are related to the area of expertise in which the employee is employed by the LCTCS and/or   |                                  |                |                            |
| an LCTCS institution.  |                                  |                |                            |
| an 20100 mouveuon  |                                  |                |                            |
| Signature:   |                                  |                |                            |
| Chancellor Date  |                                  |                |                            |
| OUTSIDE EMPLOYMENT INVOLVING PUBLIC POLICY   |                                  |                |                            |
| OR A STATE AGENCY  |                                  |                |                            |
| If the answer is YES to either question (3) or (10), on LCTCS Policy No. 6.018 Form A, 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 Such approval   |                                  |                |                            |
| is required on an annual basis thereafter, as long as outside employment is applicable.  |                                  |                |                            |
|  |                                  |                |                            |
| [ ] APPROVED   |                                  | [ ] DISAPPROVE | D                          |
| <u>.                                      </u>   |                                  |                |                            |
| Signature:   |                                  |                |                            |
| President Date   |                                  |                |                            |
|  |                                  |                |                            |