

# PM-11 FORM

## Disclosure of Outside Employment

PENNINGTON BIOMEDICAL RESEARCH CENTER

Louisiana State University Presidential Memorandum Number 11 requires that all full-time employees of the LSU System comply with its provisions and disclose all outside employment as defined within it. Please complete this form each time you receive income (except royalties) from outside employment. Blanket approval will not be granted. Employees are required to become familiar with PM-11 before completing this form.

EMPLOYEE DISCLOSURE	
Employee Name	
Employer / business:	
Title:	Time commitment required:
Describe the proposed activity below: Date: Location : Desc:	
1. My outside employment would be an entity currently doing or actively seeking to do business with my unit at the University. <span style="float: right;">Yes    No</span>	4. I am collaborating with or on special assignment to a unit within the University with which the company is doing or is seeking to do business. <span style="float: right;">Yes    No</span>
2. My outside employment would involve teaching, which results in university level credit, will be conducted on University time or will utilize University property or services. <span style="float: right;">Yes    No</span>	5. My outside employment would yield results which advance a theory or practice in my field. <span style="float: right;">Yes    No</span>
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. <span style="float: right;">Yes    No</span>	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. <span style="float: right;">Yes    No</span>
I will explain to the proposed outside employer that: (1) I do not represent said outside employer as an employee of the University in any manner, (2) any views I express on behalf of an outside employer do not necessarily reflect the view of the University, and (3) in no way may the name of the University nor my official University capacity be used in support of any position I may take on behalf of said outside employer. Furthermore, I certify that University personnel, laboratories and employment will not be used in connection with outside employment other than as provided in PM-11.	
My signature attests to my understanding of and compliance with PM-11.	
Name:	Title:
Signature:	Department:
Date: 10/12/2006	

## ADMINISTRATIVE REVIEW

Mark the number corresponding to any employee responses with which you disagree.

Associate Executive Director (Administration, Clinical Research, or Basic Research)	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5	[ ] 6
Executive Director	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5	[ ] 6

Indicate your agreement or disagreement with the following statements:

- |  |         |        |
|--|---------|--------|
| 7. The proposed duties ordinarily would be performed as part of the public services portion of the employee's duties and responsibilities.   | [ ] Yes | [ ] No |
| 8. The proposed activity more appropriately would be accomplished by a contract through the University.  | [ ] Yes | [ ] 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 a University employee. | [ ] Yes | [ ] No |
| 10. The outside employment involves public policy.   | [ ] Yes | [ ] 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 Executive Director's approval is required. If all responses are NO, then outside employment may be approved by the Associate Executive Director of Administration, the Associate Executive Director of Clinical Research, or the Associate Executive Director of Basic Research.

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Signature: _____  Associate Executive Director (Administration, Clinical Research, or Basic Research) _____ Date _____
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Signature: _____  Executive Director _____ Date _____

## OUTSIDE EMPLOYMENT INVOLVING PUBLIC POLICY OR A STATE AGENCY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature: _____  President _____ Date _____
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All reviewing administrators hereby certify that they have read and are familiar with the Louisiana Code of Governmental 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 University.