**Outside Employment Disclosure Form**

**For Management Personnel Plan (MPP) Employees[[1]](#footnote-1)**

***Requirements:*** *This form is to be completed as appropriate by MPP employees 1 pursuant to Section 42740 of Title 5, California Code of Regulations, even if completed at an earlier date.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Disclosure (*Check at least one box*):**

* **Annual:**  The period covered is January 1, 20\_\_\_\_, through December 31, 20\_\_\_\_.

**-OR-** The period covered is \_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_ (Time of hire or appointment) through December 31, 20\_\_\_\_\_.

* **Time of Hire or Appointment Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_
* **Accepted outside employment:**  Outside employment accepted date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_
* **Administrator request:** The period covered is \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_\_ through \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_\_   
  **-OR -**  Current outside employment beginning \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_

**Outside Employment Status (*Select one*):**

🞎I have outside employment to report (complete table below).

🞎I have no outside employment report.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Nature of Outside Employment Held** | **Number of Hours for Reporting Period** | **Expected**  **Duration From/To** |
| 1 |  |  |  |
| 2 |  |  |  |

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🞎 I affirm that the information on this form is accurate to the best of my knowledge, that I have read and understand my obligations under the CSU’s policy on Outside Employment Disclosure, and that I will comply with the conditions and restrictions imposed by the CSU to manage, reduce, or eliminate conflicts of commitment/interest. I certify that my time commitment to the outside employer(s), if applicable, does not create a conflict of commitment/interest that would interfere with CSU work assignments and satisfactory performance. I also commit to providing an updated form to my immediate supervisor whenever a significant change occurs in the information I have provided. *(Complete and sign below)*

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If applicable, submit Form and attachments to the independent review committee for additional review and approval. Submit completed Form to HR.***

1. For Vice Presidents and Executive employees, see the Outside Employment Disclosure Form for Senior Management Employees. [↑](#footnote-ref-1)