

**LOUISIANA DEPARTMENT OF HEALTH
DISCLOSURE OF OUTSIDE EMPLOYMENT**

My outside employment is with a person or entity that:

- ☐ 1. Derives revenue or financial aid from LDH, including but not limited to, Medicaid, State general funds, federal or state grant; and/or
- ☐ 2. Is licensed or regulated by the Department.

If you checked either Box 1 or Box 2 (or both) above, please complete and submit this form to your appointing authority. If you checked neither Box 1 or Box 2 above, you are not required to complete and submit this form.

Employee Name: _____ Personnel Number: _____
Current LDH Job Title/Position _____ Telephone Number: _____
Current LDH Work and/or Office Location: _____
Current Supervisor's Name & Phone Number: _____
Description of Current Job Duties: _____

Name, Address, and Phone Number _____
Of Outside Employer: _____
Date Outside Employment Begins: _____ Expected to End: _____

Provide your job title/position and a brief description of your outside employment duties and responsibilities, and describe how your outside employer either derives revenue from and/or is licensed or regulated by the Department:

Employee's Signature

Date:

For Use by LDH Legal Services

- ☐ No conflict with Policy
- ☐ Suggest Advisory Opinion from Ethics Commission be sought.
- ☐ Conflicts with Policy and /or Code of Government Ethics.

Signature:

Date: