SOUTHERN UNIVERSITY SYSTEM POLICY MEMORANDUM NO. 9.000.18

Check Campus:

FORM A: Disclosure of Outside Employment

	SUBR		SUNO		SUSBO		SULC		Extension					
its prov outside granted	risions and temployment. If the ap	o discio t activit proval	ose all outside ty in which the of the Chance	emple e Uni ellor/E	oyment as de versity emplo extension Dire	fined v vec is ector o	within the polengaged. Bis	icy. (anket : s requ	iniversity System Completion of experoval of our ired. Form B 9.000.18 before	Form Iside e must	A is requirements also be co	red for each will not be impleted and		
EM	PLOYEE	DISC	LOSURE									*		
Emp	loyce's Nar	ne:					Name of outside employer/business:							
Socia	al Security!	vo.:												
Depa	irinent:				*:		Time Comm	iimen!	Required:					
Desc	Describe proposed/current employment activity below. Use extra page if necessary.													
(in-in-o	(A.) I am not currently engaged in nor am I currently considering or being considered for outside employment. I understand and agree (initial) to abide by PM 9.000.18 as applicable to consideration for future outside employment. [Initial and go to (B.) below.]													
	currently	doing o	oyment would be receively secicing unit at the Univ	cb of g	enity		2003	t within	orating with or at the University w seeking to do but	ich weic	h the compon			
	results it	mivers	oyment would in ity level credit or se or will utilize '	r will be	actions which				comployment wor	- 10	l results in my field.	Ycs [] No		
	profession services board, or agency.	to a department of the	oyment would in social, consulting a unent, committee, can, committee, ent, corporation, the Executive Brita.	and/or cion, co instituti or any	social coci, ion, other		co:	apensati e iegisb	employment wor on to easist in the tion during the fi on was pending i	scai yea	e or defeat of ir in which gislature.			
7.	My outs	ide aup le	OYDEL requires	or will :		of Unive	rsity personnel,		, facilities, equips					
Way n	er. (2) any view may the manue o	vs that I: f the Uni	шау схр:сзз ос 1	behalf o	of an outside comparing capacity	ployer d y be use	o not necessarily	′ स्टिट्स	oyer as an employ the views of Southion that I may to	tions Un	niversity, and	(3) in no		
(B.)	(B.) My signature attests to my understanding and full compliance with Policy Memorandum No. 9.000.18.													
	d Name													
Signat Date:							SUBMIT COMPLETED FORM TO DEPARTMENT CHAIR! HEAD! DIRECTOR							

Other: Name Unit

SOUTHERN UNIVERSITY SYSTEM POLICY MEMORANDUM NO. 9.000.18

FORM B:

SUSYPM No. 9.000.18 - Form B

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s	UBR	SUNO	SUSB	30	SULC	EXTENSION			
iployœ QUIRE sclosure	must follow D APPROV Form before	the certifical ALS for our submission!	tion and con side employs inrough admin	ntracting property All nistrative (required docu	he Chancelior/Explicy Memorandi ments shall be at new by the Chance ment.	m No. 9	o and made a	nd in the 'a part of the
EMPL(YEE DISC	LOSURE							
Employee	's Name:						SSN:		
Current/P	roposed outside	caployer or bu							
Current/P	roposed compen	sation to be rec	cived: \$			cricd		Date:	
APPRO	VAL/CERT	IFICATIO?	BY CHAN	CELLOR	EXTENSION	DIRECTOR		·····································	* *
which ti	ne employee	is being con	ipensated by	the Unive	rsity.	of the employee			机 等 。
					form for the Un		· • • • • • • • • • • • • • • • • • • •	Ju 000001011, 3	on one
						rofessional discip	line of t	he employee	or are
Any contract that is required to be executed between the University and the outside employer or private third party has been negotiated for execution upon approval of the outside employment.									i party has
Signatu									
Chance	lor/Extension	n Director			D.				
Cambra									
		YMENTAN	VOLVING.I	PURLIC	POLICY OR	STATE AGEN	CY		
[] AP	PROVED	Sign	ature:						
I I NO	T APPROVI	≘ D							
			ident					Date	

Disclosure of Outside Employment Requiring Approval

by the Chancellor/Extension Director and/or President

SEND "FORMS A & B" TO SYSTEM PERSONNEL OFFICE WHEN FINAL ACTION TAKEN BY CHANCELLOR / EXTENSION DIRECTOR OR PRESIDENT FOR EMPLOYEE NOTIFICATION.