

Outside Employment Disclosure Form For Management Personnel Plan (MPP) Employees

Requirements: This form is to be completed as appropriate by MPP employees (excluding Vice Presidents and Executive employees) pursuant to Section 42740 of Title 5, California Code of Regulations under the following conditions: upon hire, annually, within 30 days of accepting outside employment, and within 10 days of request by an appropriate administrator.

1. Employee Information:

Name: _____ Position/Title: _____

2. Type of Disclosure (Check at least one box):

- Annual:** The period covered is **January 1, 2019, through December 31, 2019.**
- OR- The period covered is ____/____/20__ (Time of hire or appointment) through December 31, 20__
- Time of Hire or Appointment**
- Accepted outside employment:** Outside employment accepted ____/____/20__
- Administrator request:** The period covered is ____/____/20__ through ____/____/20__
- OR- Current outside employment beginning ____/____/20__

3. Outside Employment Status (Select one):

- NO** - I have **NO** outside employment to report - (Proceed to Section 4 & 5)
- YES** - I have outside employment to report - (Complete the table below, proceed to Sections 4 & 5)

	Name of Outside Employer	Time Commitment <i>(hours per month)</i>	Begin Date	End Date
1				
2				

4. Affirmation:

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.

Employee Signature: _____ Date: _____

5. Supervisor Review and Signature Required:

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____

Submit completed form to:
Employee & Organizational Development & Advancement (EODA)
at:
eoda@cpp.edu