

**DEPARTMENT OF HEALTH AND HOSPITALS
DISCLOSURE OF OUTSIDE EMPLOYMENT**

My outside employment is with a person or entity that:

- 1. Derives revenue or financial aid from DHH, 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 nor Box 2 above, you are not required to complete and submit this form.

Employee Name: _____ Personnel Number: _____

Current DHH Job Title/Position: _____ Telephone Number: _____

Current DHH Work and/or Office Location: _____

Current Supervisor's Name & Phone Number: _____

Description of Current DHH 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 DHH Legal Services

- No Conflict with Policy
- Suggest Advisory Opinion from Ethics Commission be sought.
- Conflicts with Policy and/or Code of Governmental Ethics.

Signature

Date