

## Outside Employment Disclosure Form For Senior Management Employees

**Requirements:** This form must be completed by all Senior Management employees (includes the Chancellor, Executive Vice Chancellors, Vice Chancellors, Presidents, and Vice Presidents) pursuant to Section 42740 of Title 5, California Code of Regulations and the 2016 Budget Act under the following conditions: upon hire, annually by **July 15**, within 30 days of accepting outside employment, and within 10 days of request by an appropriate administrator.

### 1. Employee Information:

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

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

Title: \_\_\_\_\_

### 2. 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\_\_\_\_

### 3. Outside Employment Involvement (Select "Yes" or "No" for each):

Types of services engaged in during disclosure period:	Please select one:	
Paid service* on a federal, state, or local government agency committee, panel, or commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid service* as an officer or member on a non-profit or for-profit board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid service* to organization(s) that further the interests of higher education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay* for presentation(s) at scholarly colloquia and conferences, speaker at an event, and/or guest lecturer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid* consulting/professional advising activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid service* as an expert witness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid service* on committees/advisory groups to other universities outside the CSU	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid* for developing scholarly communications or conducting editorial work in books, journal articles, movies, television productions or similar works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid* review of journal/book manuscripts, grant or contract proposals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify any other service for which compensation was received): _____		

**If you answered YES to any of these questions, you have outside employment to report.**

\*Does not include reasonable incidentals (e.g., travel, meals).

### 4. Outside Employment Status (Select one):

- ☐ I have outside employment to report.
- ☐ I have no outside employment report (skip to Section 6 for signature and submit).

### 5. Detailed Reporting (attach additional pages as necessary):

#### Outside Employment/Activity 1:

1. Name of outside employer or business: \_\_\_\_\_
2. Duration of employment (From/To): \_\_\_\_\_
3. Describe the nature of the outside employment: \_\_\_\_\_  
 \_\_\_\_\_
4. Number of hours for reporting period: \_\_\_\_\_

5. Total compensation received including equity or deferred compensation: \_\_\_\_\_
6. Does the outside employer have any business dealings with CSU? If "yes", please explain.
7. Are you involved in making any decisions affecting CSU's dealings with the outside employer (either directly or indirectly)? Describe: \_\_\_\_\_
8. Additional comments (e.g., if compensation was donated, disclose here): \_\_\_\_\_

**Outside Employment/Activity 2:**

1. Name of outside employer or business: \_\_\_\_\_
2. Duration of employment (From/To): \_\_\_\_\_
3. Describe the nature of the outside employment: \_\_\_\_\_
4. Number of hours for reporting period: \_\_\_\_\_
5. Total compensation received including equity or deferred compensation: \_\_\_\_\_
6. Does the outside employer have any business dealings with CSU? If "yes", please explain.
7. Are you involved in making any decisions affecting CSU's dealings with the outside employer (either directly or indirectly)? Describe: \_\_\_\_\_
8. Additional comments (e.g., if compensation was donated, disclose here): \_\_\_\_\_

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## **6. Certification and Review**

**To be completed by the Employee:**

I hereby 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by the Employee's Immediate Supervisor/Appropriate Administrator:**

I have reviewed this disclosure form and assessed whether the outside employment described above will create a conflict of commitment or interest between the employee and the CSU. I find that:

- ☐ the information submitted does not present a conflict of commitment or conflict of interest.  
☐ the information submitted may present a conflict of commitment or a conflict of interest.

Comments/recommendations (*attach additional pages if necessary*):

\_\_\_\_\_  
***If applicable, submit Form and attachments to the independent review committee for additional review and approval. Submit completed Form to HR - MSR 320.***

Administrator's Name (Print): \_\_\_\_\_ Title, Dept: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**IF APPLICABLE - INDEPENDENT REVIEW COMMITTEE (FINAL LEVEL OF REVIEW)**

Committee members: \_\_\_\_\_  
\_\_\_\_\_

Select one:

- ☐ The outside employment does not present a conflict of commitment or conflict of interest.  
☐ The outside employment presents a conflict of commitment or conflict of interest.

**Determination/Recommendation (Attach additional pages if necessary):**