Request for Public Outside Employment/Activity

Instructions: One form is required for each outside employment/activity. Approval is required before accepting an outside employment activity. Approvals expire at the end of the outside employment/activity.

Section I - Name:_____ **SS#:**_____

Section II - Purpose. *Check the appropriate box*

□1. For approval to hire the above named person who is employed by, or involved with the activities of, another public entity.

□2. For approval for the above named Lamar State College - Port Arthur employee to participate in employment/activity with another public entity.

Section III - Public Employer Information. *Complete all boxes.*

	Outside Public Employment/Activity
Name of Employer/Activity:	
Address of Employer/Activity:	
Phone# of Employer/Activity:	
Department Name:	
Job Title:	
Duties/Responsibilities:	
Begin/End Date:	
% of Appointment/Hours per week:	
Receiving Compensation?	□ Yes □No
Eligible for FLSA Overtime?	□ Yes □No
Covered by Social Security?	□ Yes □No
Enrolled in Group Insurance?	□ Yes □No
Receive State Longevity Pay?	□ Yes □No
Receive State Hazardous Duty Pay?	□ Yes □No
Receive Benefit Replacement Pay?	□ Yes □No
Enrolled in Retirement Program?	□ TRS □ ORP □ Other □ None

Section V - Employee/Prospective Employee Statement. *I hereby certify that the public employment/activity reported above does not constitute a conflict with my Lamar State College - Port Arthur duties and responsibilities. I understand and agree that Lamar State College - Port Arthur may lawfully require me to end the employment/activity if it is determined to be in conflict with my Lamar State College - Port Arthur duties and responsibilities.*

Employee/Prospective Employee Signature: _____ Date:_____

Section VI - Recommendations. *Considering the benefits to the State, the requirements of State or Federal law, and the potential for conflict with the employee's Lamar State College - Port Arthur duties and responsibilities, indicate your recommendation regarding this request.*

Department Head Signature: _____ Date:_____ Recommend Approval □ Yes □ No

Dean Signature: _____ Date:_____ Recommend Approval □ Yes □ No

Section VII - Vice President's Decision.

Vice President Signature: _____ Date:_____□ Approved □ Not Approved

Routing: If approved for Purpose 1 above, Department Head sends original with hiring F3.2 through usual channels. If approved for Purpose 2 above, forward original to Human Resources for placement in the employees personnel file.