

# 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:**  **EID#:**

**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:	<input type="text"/>
Address of Employer/Activity:	<input type="text"/>
Phone# of Employer/Activity:	<input type="text"/>
Department Name:	<input type="text"/>
Job Title:	<input type="text"/>
Duties/Responsibilities:	<input type="text"/>
Begin/End Date:	<input type="text"/>
% of Appointment/Hours per week:	<input type="text"/>
Receiving Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible for FLSA Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Group Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive State Longevity Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive State Hazardous Duty Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Benefit Replacement Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Retirement Program?	<input type="checkbox"/> TRS <input type="checkbox"/> ORP <input type="checkbox"/> Other <input type="checkbox"/> 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:**   Yes  No

**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.