

**Outside Employment Disclosure Form  
For Management Personnel Plan (MPP) Employees<sup>3</sup>**

**Requirements:** This form is to be completed as appropriate by MPP employees pursuant to Section 42740 of Title 5, California Code of Regulations, even if completed at an earlier date (prior to January 1, 2018).

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

**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:** \_\_\_\_/\_\_\_\_/20\_\_\_\_
- Accepted outside employment:** Outside employment accepted \_\_\_\_/\_\_\_\_/20\_\_\_\_
- Administrator request:** The period covered is \_\_\_\_/\_\_\_\_/20\_\_\_\_ through \_\_\_\_/\_\_\_\_/20\_\_\_\_  
-OR- Current outside employment beginning \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Outside Employment Status (Select one):**

- I have outside employment to report (complete table below).
- I have no outside employment report.

	Nature of Outside Employment Held	Number of hours for reporting period	Expected Duration From/To
1			
2			

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 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. *(Complete and sign below)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reviewed by:**

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

Administrator's Signature: \_\_\_\_\_

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

\_\_\_\_\_  
 For Vice Presidents and Executive employees, see the Outside Employment Disclosure Form for Senior Management employees.