Outside Employment Disclosure Form
For Management Personnel Plan (MPP) Employees

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.

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___.
- ☐ 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____

Outside Employment Status (Select one):

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

<table>
<thead>
<tr>
<th>Nature of Outside Employment Held</th>
<th>Number of Hours for Reporting Period</th>
<th>Expected Duration From/To</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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</tbody>
</table>

☐ 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.

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