

**State of Louisiana Division of Administration
Employee Acknowledgment of Outside Employment Policy
(New Hire/New Position)**

Employee Information

Name:

Section:

Acknowledgment

My signature below acknowledges:

1. I have received a copy of the Division of Administration's **Outside Employment Policy**;
2. I have read the policy or have had someone read the policy to me;
3. I understand the content of this policy;
4. I agree to comply with the terms and conditions of this policy.

I further acknowledge that compliance with this policy is a condition of my employment and continued employment.

I am currently engaged in outside employment activities: (check one) Yes No

If you checked "Yes", complete an **Outside Employment Disclosure Statement** form. Outside Employment must be approved by the Section Head before an Unconditional Offer of Employment can be made.

Signature

Employee
Signature:

Date: