

**CITY OF NEW ORLEANS
OUTSIDE EMPLOYER AUTHORIZATION FORM
CLASSIFIED EMPLOYEES**

Employee Information:

Last Name	First Name	MI
Employee Work Information:		
Department	Division	Work #
Employee Work Location:		
Address of City Work Location	Number of City Work Hours Per Week	

Proposed Outside Employer Information:

Name	Address
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Dates and hours or regular days of the week and hours proposed for outside employment.
Outside employment shall not occur during the employee's regular working hours with the City unless the employee is on approved sick or annual leave.

Duties

Will this proposed outside employment create any conflicts of interest with your work for the City of New Orleans or could it be reasonably perceived by others to create a conflict? Yes No

If Yes, please explain in detail

Employee acknowledges that He/She has read the La. Code of Governmental Ethics, and in particular, is familiar with the La. R.S. 42:1101 et seq. regarding certain employment prohibition by public employees.

Employee Signature	Date
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Department Head Signature	Date	___Approved	___Disapproved
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Chief Administrative Officer Signature	Date	___Approved	___Disapproved
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