City of New Orleans
Outside Employer Authorization Form – Chief Administrative Office
Unclassified Employees

Employee Information:

_____ _____ _____
Last Name First Name Middle Initial

Employee Work Information:

_____ _____ _____
Department Division Work Number

Employee Work Location:

_____ _____
Address of Work Location Number of Work Hours/Per Week

Proposed Outside Employer Information:

_____ _____
Name of Outside Employer Address

_____
Dates and hours per date proposed for short-term outside employment.

Duties of outside employment:

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. 42L1101 et seq. regarding certain employment prohibition by public employees.

_____ _____
Employee Signature Date

_____ _____
Chief Administrative Officer Date

Approved ☐ Disapproved ☐