



# COUNTY OF LOS ANGELES

## EMPLOYEE REPORT ON OUTSIDE EMPLOYMENT ACTIVITIES

- **Any full-time permanent County employee** who is engaging or planning to engage in outside employment activities is required to complete an **Employee Report On Outside Employment Activities** form and consult with his or her supervisor for approval.
- The **Employee Report On Outside Employment Activities** must be completed on an annual basis pursuant to **Board Policy**.
- **Outside employment includes any gainful** profession, trade, business or occupation for any person, firm, corporation or governmental entity and includes self-employment. (See examples of job categories below). As a full-time County employee you must report any gainful employment outside your regular working hours, including IHSS-compensated services, and confirm that such employment does not exceed 24 hours per week. An exception to the 24 hours per week limitation (but not to the disclosure requirement) may exist for those employees who are providing IHSS-compensated services to an individual for whom the employee is otherwise *legally* required to provide care.
- Each full-time employee's position with Los Angeles County **must be** the employee's primary employment and the duties of this position must take precedence over all outside employment.
- Full-time permanent employees, exclusive of postgraduate physician classes, may work in non-conflicting outside employment or in a temporary position with the County to a **limit of 24 hours in a week**, provided the effectiveness of their primary County assignments are not impaired. For postgraduate physician classes, the limitation on outside employment is 96 hours per month.
- Employees receiving compensation from a medical school, foundation or other County-approved entity will perform all County work only **on premises owned, leased, operated and/or authorized by the County**.
- Outside employment **must not be** performed during an employee's medical or family leave of absence.
- **While on duty**, no employee may engage in any outside employment or activity for compensation or on a volunteer basis, unless it is a circumstance in which an employee receives supplementary compensation as provided for in Los Angeles County Code Section 5.44.030. Many activities with non-county agencies are considered to be a regular part of the employee's County assignment. If there is any doubt as to the nature of the activity, approval of the department head should be obtained.
- **Employees shall not use County facilities, tools, equipment, or supplies for other than County purposes.** Unauthorized use of confidential and other non-public information gathered in contact with patients, clients, employees, or from departmental records, is prohibited. Such information may be used only for official departmental business.
- **Any violation** of the Board's Policy by an employee, in whole or in part, **may be cause for disciplinary action, up to and including discharge.**
- Supervisors/managers are responsible for enforcing the provisions of the Board's Policy and taking appropriate action to resolve each situation, including effecting discipline, if necessary. **Failure to take appropriate action may subject the supervisor/manager to disciplinary action, up to and including discharge.**

### JOB CATEGORIES

<b>Accounting</b> (Accountant/Bookkeeping/Taxes)	<b>Health &amp; Mental Health Professions</b> (Physician/Psychologist/Nurse/ Social Worker)	<b>Law Enforcement/Security</b> (Security Officer/Investigator)
<b>Child Care Provider</b> (Babysitter)	<b>Information Technology</b> (Data Systems/Internet Webmaster/Computer Repair)	<b>Office Support</b> (Secretary/Receptionist/Office Assistant)
<b>Church/Religious Organizations</b>	<b>In-Home or Online Product Sales</b> (Avon, Tupperware, Mary Kay, etc.)	<b>Other Government Agencies</b> (City, State, Federal)
<b>Consultant</b> (Management/Business/Engineer/Legal)	<b>In-Home Supportive Service Worker</b>	<b>Other Non-Profit Organizations</b>
<b>Cosmetology/Beautician/Barber</b>	<b>Laborer/Maintenance</b> (Landscaping, Painting, etc)	<b>Professional Sales</b> (Real Estate/ Insurance/Auto/ Marketing/Retail)
<b>Education</b> (Professor/Teacher/Instructor/Coach)		<b>Self-Employment</b>
<b>Entertainment</b>		<b>Skilled Trades</b> (Carpentry, Plumber, Electrician, etc)



# COUNTY OF LOS ANGELES EMPLOYEE REPORT ON OUTSIDE EMPLOYMENT ACTIVITIES

ALL FULL-TIME PERMANENT COUNTY EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM

## I. EMPLOYEE INFORMATION

Employee Name:	Department Number:	Division:
Payroll Title:	Employee Number:	Telephone:

### DECLARATION OF OUTSIDE EMPLOYMENT ACTIVITY

PLACE A CHECKMARK ( X ) NEXT TO THE STATEMENT THAT APPLIES TO YOUR SITUATION

## II. NO CURRENT OUTSIDE EMPLOYMENT

I **AM NOT** presently engaged nor do I plan to engage in outside employment (including self-employment). If I do decide to engage in outside employment in the future, I understand I must immediately complete a new Employee Report on Outside Employment Activities form to my supervisor.

**IF YOU ARE NOT ENGAGED/DO NOT PLAN TO ENGAGE IN OUTSIDE EMPLOYMENT ACTIVITY PROCEED TO SECTION V.**

## III. CURRENT OUTSIDE EMPLOYMENT

I **AM** presently engaged or planning to engage in outside employment (including self-employment), or intend to be, gainfully employed (or self-employed). Outside employment includes services provided under the State of California In-Home Supportive Services (IHSS) program. My outside employment:

- Is limited to a maximum of 24 hours per week;
- Does not involve use of County time, property, tools, records, confidential information, vehicles, buildings, or communications systems or devices in conjunction with my outside employment or for personal gain;
- Is not in conflict with my official duties as a County employee;
- Does not involve advisory or consultant services which might conflict with interests of the County;
- Does not involve any financial interest in any contract, sale or transaction to which this department is a party;
- Does not involve work which is subject to review by me in my official capacity or by any other County employee or official.

**Provide all information including the identification of Outside Employer/Other County Department, if applicable/or if Self-Employed. Hours worked must be declared to the best of your ability. "Hours vary" will not be accepted for approval of outside employment. Examples of Job Categories are listed on the Instruction sheet. If more than one outside job is held, complete this page for each outside job held and attach for review.**

Position Title:	Company Name:	
Company Address:		
Supervisor's Name:	Telephone Number:	Job Category:
<p>Hours worked per week: _____</p> <p>Duties:</p>		

**IV. OUTSIDE EMPLOYMENT RELATED TO IN-HOME SUPPORTIVE SERVICES (IHSS)**

As a full-time County employee, you must report any gainful employment outside your regular working hours, including IHSS-compensated services, and confirm that such employment does **not** exceed 24 hours per week. An exception to the 24 hours per week limitation (but not to the *disclosure* requirement) may exist for those employees who are providing IHSS-compensated services to an individual for whom the employee is otherwise legally required to provide care.

*Please confirm whether you are currently an IHSS service provider:*

I **AM**, or intend to be, a service provider under the IHSS program.

*If you are currently employed as an IHSS service provider, please check one of the appropriate boxes below:*

My compensated employment with IHSS does **not** exceed 24 hours per week.

My compensated employment with IHSS does exceed 24 hours per week and it is to provide services to an individual that I am otherwise legally obligated, by statute or court order, to provide care.

Please note that care provided to extended family members or non-relatives, where **no** legal obligation to provide such care exists, does **not** qualify for exemption from the 24 hour per week limitation.

**V. EMPLOYEE ACKNOWLEDGEMENT**

I certify the accuracy of the information I have provided and acknowledge that the information I have provided may be subject to verification.

In addition, I agree that if there is any change in my outside employment status, I will immediately report this information to my supervisor. I understand that failure to do so may result in disciplinary action, up to and including discharge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**VI. DEPARTMENTAL REVIEW AND APPROVAL**

I have reviewed the information provided on this form and confirm that the employee reports **no** outside employment.

I have reviewed the information provided on this form. Based on my review, I **approve** the employee's request.

I have reviewed the information provided on this form and have discussed it with the employee. Based on my review, I **do not approve** the employee's request. The reason is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title