

City of New Orleans  
Outside Employer Authorization Form  
Unclassified Employees

Employee Information:

Last Name	First Name	MI
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Employee Work Information:

Department	Division	Work #
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Employee Work Location:

Address of Work Location	Number of Work Hours Per Week
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Proposed Outside Employer Information:

Name	Address
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Dates and hours per date proposed for short-term outside employment

Duties

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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?   Y            N

If Yes, Please explain in detail

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*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.*

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Employee Signature	Date
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Chief Administrative Officer	Date
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Approved

Disapproved