

City of New Orleans
Outside Employer Authorization Form
Unclassified Employees

Employee Information:

Last Name _____ First Name _____ MI _____

Employee Work Information:

Department _____ Division _____ Work # _____

Employee Work Location:

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

Proposed Outside Employer Information:

Name _____ Address _____

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

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? Y N

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 _____

Andrew D. Kopplin Date
First Deputy Mayor / CAO

Approved

Disapproved