

**Requirements:** This form is to be completed as appropriate by MPP employees<sup>1</sup> (excluding Vice Presidents and Executive employees) pursuant to Section 42740 of Title 5, California Code of Regulations, even if completed at an earlier date (prior to January 1, 2019)

<b>Employee Information</b>	
Name: _____	Position/Title: _____
Employee ID: _____	Department: _____

<b>Type of Disclosure (Check at least one box):</b>
<input type="checkbox"/> Annual: The period covered is January 1, _____ , through December 31, _____ . -OR- The period covered is _____ (Time of hire or appointment) through December 31, _____
<input type="checkbox"/> Time of Hire or Appointment: _____
<input type="checkbox"/> Accepted outside employment: Outside employment accepted date: _____
<input type="checkbox"/> Administrator request: The period covered is _____ through _____ -OR- Current outside employment beginning: _____

<b>Outside Employment Status (Select one):</b>
<input type="checkbox"/> I have outside employment to report (complete table below).
<input type="checkbox"/> I have no outside employment to report.

<sup>1</sup> For Vice Presidents and Executive employees, see the Outside Employment Disclosure form for Senior Management employees

**OUTSIDE EMPLOYMENT DISCLOSURE  
FORM FOR MANAGEMENT PERSONNEL  
PLAN (MPP) EMPLOYEES**

	<b>Nature of Outside Employment Held</b>	<b>Number of Hours for Reporting Period</b>	<b>Expected Duration From/To</b>
1			From: To:
2			From: To:

<b>Certification and Review</b>
<p>To be completed by the Employee:</p> <p>I affirm that the information on this form is accurate to the best of my knowledge, that I have read and understand my obligations under the CSU’s policy on Outside Employment Disclosure, and that I will comply with the conditions and restrictions imposed by the CSU to manage, reduce, or eliminate conflicts of commitment/interest. I certify that my time commitment to the outside employer(s), if applicable, does not create a conflict of commitment/interest that would interfere with CSU work assignments and satisfactory performance. I also commit to providing an updated form to my immediate supervisor whenever a significant change occurs in the information I have provided.</p> <p>_____</p> <p>Employee Signature: _____ Date: _____</p>

<p><b>Reviewed By:</b></p> <p>_____</p> <p>Name: _____ Date: _____</p> <p>_____</p> <p>Administrator’s Signature (Required)</p> <p><b>If applicable, submit Form and attachments to the independent review committee for additional review and approval.</b></p>
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Submit completed form to [up-compliance@sjsu.edu](mailto:up-compliance@sjsu.edu)