

Requirements: This form is to be completed as appropriate by MPP employees¹ (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, 2020)

Employee Information	
Name: _____	Position/Title: _____
Employee ID: _____	Department: _____

Type of Disclosure (Check at least one box):
<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: _____

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

¹ 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**

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

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