

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

### READ THE FOLLOWING STATEMENT ON OUTSIDE EMPLOYMENT/ACTIVITY AND OTHER COUNTY EMPLOYMENT and WHERE APPLICABLE COMPLETE THE EMPLOYEE'S REPORT ON OUTSIDE EMPLOYMENT/ACTIVITY BELOW

#### OUTSIDE EMPLOYMENT/ACTIVITY AND OTHER COUNTY EMPLOYMENT

1. Full-time employees of DMH, exclusive of postgraduate physician classes, may also 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 DMH assignment is not impaired. For postgraduate physician classes, the limitation on employment is 96 hours per month.

NOTE: Outside employment includes any gainful profession, trade, business or occupation for any person, firm, corporation or governmental entity and includes self-employment.

2. While on DMH time, 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-DMH agencies are considered to be a regular part of the employee's DMH employment. If there is any doubt as to the nature of the activity, approval of the Executive Manager must be obtained.
3. Employees shall not use DMH facilities, tools, equipment, or supplies for other than DMH purposes.
4. Use by employees, in connection with outside employment, of confidential and other non-public information gathered in contact with DMH clients, employees, or from DMH records is prohibited. Such information may be used only for official DMH business.
5. A DMH employee who has any doubt as to the compatibility of outside employment with DMH employment is required to disclose the circumstances and consult with their supervisor for determination.
6. Any violation of DMH Policy 608.1 (Outside Employment) or 608.2 (Conflict of Interest) in whole or part, may be cause for disciplinary actions up to and including discharge.

EMPLOYEES INTENDING TO ENGAGE IN OUTSIDE EMPLOYMENT/ACTIVITY AND/OR OTHER COUNTY EMPLOYMENT SHALL NOTIFY THE DEPARTMENT IN WRITING (via this form) AND OBTAIN PRIOR APPROVAL FOR SUCH ACTIVITY.

#### EMPLOYEE'S REPORT ON OUTSIDE EMPLOYMENT/ACTIVITY

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER	
PAYROLL TITLE		DIVISION	
ARE YOU PRESENTLY ENGAGED IN OUTSIDE AND/OR OTHER COUNTY EMPLOYMENT/ACTIVITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU INTEND TO ENGAGE IN OUTSIDE AND/OR OTHER COUNTY EMPLOYMENT/ACTIVITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY WORK LOCATION		TELEPHONE NUMBER	
Address		City	Zip Code
OUTSIDE EMPLOYMENT/ACTIVITY		TELEPHONE NUMBER	
Address		City	Zip Code

(CONTINUED ON BACK)





I have reviewed the information above and discussed it with the employee. We have agreed to resolve the situation in the following way in order to best protect the interest of the County:

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Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director' Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

Original: Personnel File  
Employee  
Office Personnel File

REH