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 REPORTON OUTSIDE EMPLOYMENT/ACITIVITY 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 activates 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 District Chief 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 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	☐ YES ☐ NO	DO YOU INTEND TO ENGAGE IN OUTSIDE AND/OR OTHER COUNTY EMPLOYMENT/ACTIVIYT	☐ YES ☐ NO
PRIMARY WORK LOCATION			TELEPHONE NUMBER ( )
Address	City		Zip Code
OUTSIDE EMPLOYMENT/ACTIVITY			TELEPHONE NUMBER ( )
Address	City		Zip Code

(CONTINUED ON BACK)

POSITION	DUTIES PERFORMED

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Total Hrs
WORKING HOURS								

OUTSIDE EMPLOYMENT/ACTIVITY		TELEPHONE NUMBER
Address	City	Zip Code

POSITION	DUTIES PERFORMED

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Total Hrs
WORKING HOURS								

EMPLOYEE'S CERTIFICATION – ALL EMPLOYEES MUST READ AND SIGN

I HAVE READ AND UNDERSTAND THE DEPARTMENT'S POLICY REGARDING OUTSIDE EMPLOYMENT/ACTIVITY AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TURE AND COMPLETE WITH REGARD TO ANY AND ALL EMPLOYMENT/ACTIVITY OUTSIDE MY REGUALR COUNTY POSITION AND THAT I AM IN COMPLIANCE WITH THE ABOVE POLICY.

EMPLOYEE'S SIGNATURE	DATE

FOR DEPARTMENT USE ONLY

	IF DENIED, REASON(S):
☐ APPROVED ☐ DENIED	

SUPERVISOR'S SIGNATURE	DATE

DISTRIBUTION:
- Original: Personnel File
- Employee
- Office Personnel File

REH