



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: OUTSIDE EMPLOYMENT

Policy No.: A232

Supersedes: March 23, 2010

Revision Date: September 4, 2014

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PURPOSE:

b provide the policy for employees engaged in outside employment or intending to engage in outside employment, and to establish the process and control on outside and/or other County employment

POLICY:

In accordance with the County Code, the Department of Health Services (DHS) has adopted the following policy on outside employment:

- Full-time employees, exclusive of postgraduate physician classes, may work in outside employment or in a temporary position with the County to a limit of 24 hours per week, provided the effectiveness of his/her primary County assignment is not impaired. Persons employed in postgraduate physician classifications are limited to a maximum of 96 hours of outside employment in any one calendar month.
- While on County time, no full or part-time employee of DHS 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 the County Administrative Code.
- Full or part-time employees of DHS who are employed in outside employment or are engaged in outside activities which may involve a conflict of interest with his/her DHS (see Attachment III) must disclose such employment/activity to their department head in accordance with DHS Policy No. 740. This policy (based upon State law) places the burden of responsibility upon the employee to disclose and report all potential conflict of interest situations. This policy also precludes employees with conflicts of interest from participating in any County decisions regarding the contractor or its contract with the County.
- Employees should not use County facilities, tools, equipment, or supplies for other than County purposes.
- Use by employees, in connection with outside employment, of confidential and other non-public information gathered in contact with patients, clients, employees, or from departmental records, is prohibited. Such information may be used only for official

EFFECTIVE DATE: January 1, 1992

COUNTY OF LOS ANGELES, DEPARTMENT OF HEALTH SERVICES

APPROVED BY

Signature(s) on File,

departmental business

- An employee of DHS who has any doubt as to the compatibility of outside employment with County employment is required to disclose the circumstances and consult with his or her supervisor or the Human Resources Director for a determination
- Any violation of this policy, in whole or in part, may be cause for disciplinary action, including discharge

SCOPE:

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

Employees intending to engage in outside employment and/or other County employment shall notify the Department in writing and obtain prior approval using the Employee Report of Outside Employment/Incompatible Activity form (See Attachment I). The employee shall sign an Authorization to Release Outside Employment/Activity Information form (See Attachment II)

PROCESS:

In order to assure that employees are made aware of the policy and the policy and documentation is maintained, the following controls are in place:

1. Written notice of the departmental policy is to be provided to volunteers and other non-compensated employees.
2. As part of the Human Resources induction process, each incoming employee is made aware of the departmental policy on outside employment which is documented in the employee's personnel file
3. Human Resources will send to Department Heads their respective employees' Annual Performance Evaluation Document Review packet with the attached Employee Report on Outside Employment/Incompatible Activity form, the Authorization to Release Outside Employment/Activity Information form and the Conflict of Interest form.
4. The completed Annual Performance Evaluation Document Review packet with required documentation, including the Employee Report on Outside Employment/Incompatible Activity form, the Authorization to Release Outside Employment/Activity Information form and the Conflict of Interest form, will be returned to Human Resources. If neither of these forms are applicable to the employee at this time, employee should select "not applicable" box on forms, sign and date.

NOTE: Employee/supervisor signature and date are always required.,

- a Employee Report on Outside Employment/Incompatible Activity forms for employees who have indicated no outside employment will be filed in the personnel file along with the performance evaluation.

- b** If the employee has indicated intent to engage or is engaged in outside employment, the employee must complete the Authorization to Release Outside Employment/ Activity Information form (Attachment II) and submit to supervisor.. The supervisor must forward this form to the outside employer for completion before determining approval or denial.
 - I Once the Authorization to Release Outside Employment/Activity Information form is received from outside employer, County supervisor will approve or deny and submit to Department Head for signature.
 - II After approval/denial, a copy of the form will be given to the employee and the original sent to Human Resources for filing in the employee's personnel file
- 5 Performance evaluations that are received without the completed Employee Report on Outside Employment/Incompatible Activity form, will be returned to the department for completion
- 6 In April of each year, Human Resources will prepare a report on outside employment activities of full-time permanent County employees for DHS Human Resources Division and submission to the Board of Supervisors

REFERENCE: Los Angeles County Administrative Code
County Salary Ordinance 5 44
Department of Health Services, Policy No 740

AC:gg

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

EMPLOYEE REPORT ON OUTSIDE EMPLOYMENT/INCOMPATIBLE ACTIVITY

PLEASE READ THE FOLLOWING POLICY ON OUTSIDE EMPLOYMENT/OTHER COUNTY EMPLOYMENT AND COMPLETE THE EMPLOYEE'S REPORT BELOW WHERE APPLICABLE

Full-time employees of the County, 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 his/her primary County assignment is not impaired. For postgraduate physician classes, the limitation on other 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 County time, no full-time or part-time 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 5 44 030. Many activities with non-County agencies are considered to be a regular part of the employee's County employment. If there is any doubt as to the nature of the activity, approval of the department head should be obtained.
3. Employees shall not use County facilities, tools, equipment, or supplies for other than County purposes.
4. Use by employees, in connection with outside employment, of confidential and other non-public information gathered in contact with patients, clients, employees, or from departmental records, is prohibited. Such information may be used only for official departmental business.
5. An employee of the Department who has any doubt as to the compatibility of outside employment with County employment is required to disclose the circumstances and consult with his or her supervisor or the Personnel Officer for a determination.
6. Any violation of this policy, in whole or in part, may be cause for disciplinary action, including discharge.

EMPLOYEES INTENDING TO ENGAGE IN OUTSIDE EMPLOYMENT AND/OR OTHER COUNTY EMPLOYMENT SHALL NOTIFY THE DEPARTMENT IN WRITING AND OBTAIN PRIOR APPROVAL FOR SUCH ACTIVITY

EMPLOYEE'S REPORT ON OUTSIDE EMPLOYMENT/INCOMPATIBLE ACTIVITY

EMPLOYEE NAME (Print)						EMPLOYEE NUMBER		
PAYROLL TITLE						DIVISION		
(j) ARE YOU PRESENTLY ENGAGED IN OUTSIDE AND/OR OTHER COUNTY EMPLOYMENT? <input type="radio"/> YES <input type="radio"/> NO				(k) DO YOU INTEND TO ENGAGE IN OUTSIDE AND/OR OTHER COUNTY EMPLOYMENT? <input type="radio"/> YES <input type="radio"/> NO				
•IF YOU CHECKED "NO" FOR QUESTION (j) AND QUESTION (k), SKIP TO EMPLOYEE SIGNATURE & DATE								
PRIMARY COUNTY JOB (DEPARTMENT OR HEALTH SERVICES FACILITY)						TELEPHONE NUMBER ()		
ADDRESS			CITY			ZIP CODE		
POSITION				DUTIES PERFORMED				
"	.. MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS.
WORKING HOURS								

OVER

OUTSIDE EMPLOYMENT/OTHER COUNTY EMPLOYMENT						TELEPHONE NUMBER ()		
ADDRESS			CITY			ZIP CODE		
POSITION			DUTIES PERFORMED					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS	
WORKING HOURS								
OUTSIDE EMPLOYMENT/OTHER COUNTY EMPLOYMENT						TELEPHONE NUMBER ()		
ADDRESS			CITY			ZIP CODE		
POSITION			DUTIES PERFORMED					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS	
WORKING HOURS								
OUTSIDE EMPLOYMENT/OTHER COUNTY EMPLOYMENT						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 DEPARTMENTS POLICY REGARDING OUTSIDE EMPLOYMENT/INCOMPATIBLE ACTIVITY AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TRUE AND COMPLETE WITH REGARD TO ANY AND ALL EMPLOYMENT OUTSIDE MY REGULAR COUNTY POSITION AND THAT I AM IN COMPLIANCE WITH THE ABOVE POLICY.

EMPLOYEE SIGNATURE	DATE
X	

FOR DEPARTMENT USE ONLY

<input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED	IF DENIED, REASON(S):
SUPERVISOR'S SIGNATURE	DATE
X	
<input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED	IF DENIED, REASON(S):
DIVISION/SECTION HEAD'S SIGNATURE	DATE
<input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED	EMPLOYEE NOTIFIED <input type="radio"/> YES <input checked="" type="radio"/> NO
DEPARTMENT HEAD OR REPRESENTATIVE'S SIGNATURE	DATE NOTIFIED
	DATE

Authorization to Release Outside Employment/Activity Information

Purpose of this form is to authorize the release of information related to employment or activities outside of, or in addition to, County employment. Failure to provide information requested by the Department verifying terms, conditions and duties of the outside employment or activity may be grounds for denial of the outside employment/activity request

Instructions: The County employee completes the top portion of the form and submits it to the immediate supervisor. The supervisor sends this form with a cover letter requesting the verification information to the outside employer. The outside employer/supervisor completes the bottom section of this form and returns to the County supervisor. Upon receipt of the verification, the County supervisor evaluates the information for purposes of approving or denying outside employment.

To be completed by the County employee:

***0**If Not Applicable (N/A), check box and skip to employee signature and date.*

	authorize	
Print Name here		Print name of employment/activity entity here

Release information verifying the nature and hours of my employment/activity to the Los Angeles County, Department of Health Services. I hereby consent to the release of any such information which the Department may request.

This release of information should be sent to the attention of :

Print name of outside supervisor here

At the address below:

Print:	Street address	City	State	Zip Code	Phone#
X	County Employee Signature		Date		
X	<u>County Supervisor Signature</u>		Date		

To be completed by the non-County supervisor, then returned to the County supervisor:

The County employee named above intends to, or is currently providing PAID/UNPAID services

in the position of _____, effective _____

The duties of this position are: _____

The working hours (include start and end times) for the employee/volunteer are:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS.
WORKING HOURS								

This employee/volunteer: IS 0 IS NOT 0 on-call or on stand-by for this company

 Non-County Supervisor Signature Date