

**DEPARTMENT OF NATURAL RESOURCES**

**HUMAN RESOURCES POLICY NO:** 18  
**EFFECTIVE DATE:** October 1, 2001  
**SUBJECT:** Code of Governmental Ethics and Outside Employment  
**AUTHORIZATION:** 36:354 B.(9)

**I. POLICY:**

It is the policy of the Department of Natural Resources that all employees comply with the Code of Governmental Ethics.

**II. PURPOSE:**

The purpose of this policy is to assure that our employees are independent and impartial, that decisions and policies are made in the proper channel of the governmental structure, and that public offices and employment are not used for private gain.

**III. APPLICABILITY:**

This policy is applicable to all employees of the Department.

**IV. PROCEDURES:**

All employees are issued a copy of the State of Louisiana, Code of Governmental Ethics by the Human Resources Office as a part of the new employees' induction process. It is the responsibility of the employee to read and adhere to all guidelines and restrictions outlined in the Code of Ethics.

If an employee intends to obtain employment outside of this Department, he is to advise the Human Resources Office of his intent by completing and submitting the attached Application for Outside Employment form. Written approval of the Secretary or Undersecretary is required prior to accepting outside employment.

**V. RESPONSIBILITY:**

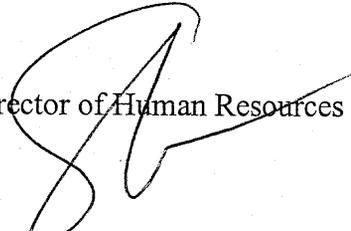
It is the responsibility of each Assistant Secretary or his/her designee to insure their employees are aware of and fully comply with this policy.

**VI. EXCLUSIONS:**

There will be no exceptions to compliance with this policy. Violations will be dealt with through the disciplinary process.

**VII. QUESTIONS:**

Questions regarding this policy should be addressed to the Director of Human Resources at 342-2134.



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Scott A. Angelle, Secretary

Date

12/21/04

DEPARTMENT OF NATURAL RESOURCES  
APPLICATION FOR OUTSIDE EMPLOYMENT

I. Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Office/Division: \_\_\_\_\_

II. Prospective Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Activities to be Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Position: \_\_\_\_\_

# of Hours Worked: Day \_\_\_\_\_ Week \_\_\_\_\_

III. The above information is declared to be true and complete.

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date \_\_\_\_\_ Secretary \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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