



OUTSIDE EMPLOYMENT DISCLOSURE

State Form 53182 (R2 / 10-23)

INDIANA DEPARTMENT OF HEALTH – OFFICE OF LEGAL AFFAIRS

Name of Employee: _____

IDOH Division/Office/Program: _____

IDOH Job Title: _____

Name of Supervisor: _____

ATTACH A COPY OF EMPLOYEE'S CURRENT IDOH JOB DESCRIPTION.

Name, address, and telephone number of outside employer:

Outside Employment Job Title: _____

Outside Employment Job Description:

Provide any other relevant information:

Detail the reason(s) why you believe the outside employment may present a conflict:

Signature of Employee

Date (month, day, year)