NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: EMPLOYMENT, BUSINESS OR OTHER FINANCIAL INTERESTS OUTSIDE OF THE AGENCY

NUMBER: NN-HR-37

ORIGINAL DATE: 7/18/08

REVIEW/REVISE DATE: 10/16/08

APPROVAL:______Rosalyne Reynolds *[s]*___________________, Agency Director

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I. PURPOSE:

To ensure persons working for NNAMHS and wishing to engage in outside employment activities, provide notice of intent and ensure outside employment activities are not in conflict with State employment.

II. POLICY: Employees of Northern Nevada Adult Mental Health Services are required to devote their full time, attention, and efforts to their assigned duties during their established hours of duty.

III. REFERENCES: NRS 281.110 requires state offices to be open 8-5.

NRS 433A.012 defines “administrative officer”.

NRS 433A.040 administrative officer: other employment prohibited;

NRS 284.143 “Unclassified service: Certain persons may pursue other businesses or occupations or other office for profit.

NAC 284.738 conflicting activities

DHHS Prohibitions and Penalties
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MHDS Policy 5.007-Employment, Business or Other Financial Interests Outside of the Division

IV. PROCEDURES:

I. Pursuant NRS 284.143, Except as otherwise provided in NRS 281.127, a person in the unclassified service of the State who has been appointed or employed for service in a department, division, agency or institution, other than a director of a department, may pursue any other business or occupation or hold any other office for profit if;

   a. The other employment does not conflict with the duties performed for NNAMHS; or
   b. The other employment does not conflict with hours of service; and
   c. He has obtained the approval of his supervisor.

II. Employees shall not engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with their duties as employees, or with the duties, functions, or responsibilities of their appointing authorities or agencies by which they are employed.

III. Administrative officers, agency directors, psychiatrists, department heads, and program heads functioning in a position of leadership should have a visible presence during hours of operation. Visibility and accessibility are required during the standard workweek from 8:00 AM to 5:00 PM. All other staff members will have set hours of attendance that support the efficient and effective operation of the services that NNAMHS offers.

IV. Private practice by the agency director, the medical director, department heads, psychiatrists, and program heads during the standard work week between the hours of 8:00 AM and 5:00 PM is incompatible with leadership functions, inconsistent with devoting full time to their employment with the agency and creates the appearance of conflict with their agency duties, functions and responsibilities.

V. Staff members will complete a “Conflicting Activities Statement” form within 30 days of initiating practice and annually on January 15th. At the time of the annual evaluation of the employee, the agency administrator will review the activities of the employee who has an outside practice to determine any conflict of interest with the agency functions of the employee. Completed forms are to be submitted to the division personnel officer.

VI. Appointing authorities are authorized to define conflicting activities.

a. Conflicting activities may be determined and described in writing and are subject to the approval of the Commission. In making the determination, the appointing authority shall consider the prohibitions described in NAC 284.650 and NAC 284.746 to 284.762 inclusive;
b. specific activities deemed inconsistent are for employees under the Appointing authorities jurisdiction; and
c. a copy must be supplied to each employee.

VII. Cases in which there appears to be conflict of interest will be reviewed by agency and division administration for possible discipline. Potential areas of conflict include but are not limited to:

a. Involvement at any stage of contracts with state agencies or individuals employed by the state.
b. Referral of division consumers to their office or private practice, or practice in which they have financial interest.
c. Acceptance of division consumers or individuals who have been division consumers within the past six months into their private practice or practice in which they have financial interest.
d. Pursuit of a business or occupation which conflicts with duties required by the division.
e. Seeking or accepting any gift, service, favor, employment, engagement, etc., that would tend to influence or affect one’s discharge of public duties.

f. Use of state employment to secure or grant unwarranted privilege, preferences, exemptions or advantage for self, family, friends, or business interest.
g. Entering a private contract with the state could be construed as an extension of duties or responsibilities owed to the state as part of employment.
h. Use of information acquired through duties, which by law are not available to the public to further private interests.
i. Engaging in personal business during assigned duty hours.
j. Soliciting contributions for political purposes or engaging in political activities during duty hours or at any time engaging in political activities forbidden by the Hatch Act.
k. Using division or agency address or phone number in association with any outside employment.
l. Each division agency shall originate policies and procedures to implement the provisions of this policy or shall incorporate this policy into the policy and procedure manual.

CONFLICTING ACTIVITIES STATEMENT

To be completed within 30 days of initiating practice and annually thereafter on January 15.

This statement in no way constitutes a request for permission to engage in private practice.

☐ I am not engaged in other activities for profit.

☐ I am engaged in other activities for profit.

- ☐ Initial Statement
- ☐ Annual Statement

_____

Employee name and title

_____

Division Agency

I am engaging in a private practice as of:_____

Date

My private practice will consist of:

_____

_____

_____

Type of practice and/or service(s)

I have a contract with:

_____

_____ (Attach copy of the contract)

I am not engaged in employment, activities, enterprise, including private practice, which is inconsistent, incompatible, or in conflict with my duties and responsibilities as an employee of the State of Nevada. I am not engaged in private practice activities during the hours I am assigned to report to work for the Division of Mental Health and Developmental Services or the Department of Health and Human Services. I understand that I must not use a State of Nevada official address or telephone number in connection with maintaining private practice.

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Signature and Date