# 211.0 Employment, Business or Other Financial Interests Outside of Rural Services

## 211.1 Policy Approval Clearance Record

| | | |
|---|---|---|
| ___ Mental Health Policy<br>___ Developmental Services Policy<br>_X_ Rural Services Policy | This policy supersedes: NA | Number of pages in Policy: 4 |
| Review by Representative from the Office of the Attorney General: n/a | Date: n/a | Date Policy Effective:<br>03/17/2011 |
| Rural Services Director Approval Signature:<br>*Barbara Legier* | Date:<br>03/17/2011 | Policy Lead:<br>Eric Skansgaard |

## 211.2 Statement of Purpose

**211.2.1** **Policy Statement:** Employees of Rural Services are required to devote their full time, attention, and efforts to their assigned duties during their established hours of duty.

**211.2.2** **Purpose:** To ensure persons working for Rural Services and wishing to engage in outside employment activities, provide notice of intent and ensure outside employment activities are not in conflict with State employment.

## 211.3 Authority

NRS 281.110 requires state offices to be open 8-5.
NRS 443A.012 defines “administrative officer”.
NRS 433A.040 administrative officer: other employment prohibited;
NAC 284.738 conflicting activities
DHHS Prohibitions and Penalties

## 211.4 Definitions

Rural Services definitions are listed in Rural Services Policy….

**211.4.1** **Rural Services:** Rural Services includes both the Mental Health Services and Developmental Services at the Division of Mental Health and Developmental Services Division (MHDS).

## 211.5 Procedures

**211.5.1**

**A.** Administrative officers, agency director, psychiatrists, department heads, and program heads function in a leadership role. Visibility and accessibility are required of them during their approved standard workweek.

**B.** Private practice and/or other employment by administrative staff, agency director, department heads, psychiatrists, and program heads during their approved standard work week is incompatible with leadership functions, inconsistent with devoting full time to their employment with the division and creates the appearance of conflict with their division duties, functions and responsibilities.

**C.** All Rural Services staff shall complete a “Private Practice or Other Employment Statement” form within 30 days of initiating practice and annually on January 15th.

Completed forms are to be submitted to the division personnel officer with a copy provided to the employee's direct supervisor. At the time of the annual evaluation of the employee, the direct supervisor 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 and forward this information to the Agency Director.

**D.** 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:

**1.** Involvement at any stage of contracts with state agencies or individuals employed by the state.

**2.** Referral of division consumers to their office or private practice, or practice in which they have financial interest.

**3.** Acceptance of division consumers or individuals who have been Rural Services consumers within the past six months into their private practice or practice in which they have financial interest.

**4.** Pursuit of a business or occupation which conflicts with duties required by the division.

**5.** Seeking or accepting any gift, service, favor, employment, engagement, etc., that would tend to influence or affect one's discharge of public duties.

**6.** Use of state employment to secure or grant unwarranted privilege, preferences, exemptions or advantage for self, family, friends, or business interest.

**7.** 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.

**8.** Use of information acquired through duties, which by law are not available to the public to further private interests.

**9.** Engaging in personal business during assigned duty hours.

**10.** 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.

**11.** Using Rural Services or agency address or phone number in association with any outside employment.

**211.5.2 Timelines:**

Table 211.1: Timelines for Business, Employment, or other Interests Policy

| Requirement | Deadline | Starting Date | Responsible Party | Actions to be Taken |
|---|---|---|---|---|
| 211.5.1.C | Within 30 days of hire, notification | At hire, notification of | Individual | Complete and submit |

| | | | | |
|---|---|---|---|---|
| | of outside employment, and annually by January 15 | private practice or outside employment, and annually | employee | Attachment A |

**211.5.3 Supervisory Responsibility** Supervisors are responsible for ensuring staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

## 211.6 Policy Cross Reference

**211.6.1:** MHDS Policy 5.007 Employment, Business, or Other Financial Interests

**211.6.2:** MHDS Policy 4.037 Professional Behavior of Division Employees

211.6.2: MHDS Policy 5.026 Alternative Work Schedules

## 211.7 Attachments

**211.7.1 RS 211 A – Private Practice or Other Employment Statement**

## PRIVATE PRACTICE OR OTHER EMPLOYMENT STATEMENT

This form is to be completed within 30 days of initiating practice or other employment and annually thereafter on January 15. This statement in no way constitutes a request for permission to engage in private practice or other employment.

☐ Initial Statement ☐ Annual Statement

_____
Print or type employee name and title

_____
Division Agency

I am engaging in a private practice or other employment as of: _____
Date

My private practice or other employment 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 Rural Services. I understand that I must not use a State of Nevada official address or telephone number in connection with maintaining private practice.

_____
Signature (Date Signed)