

**HOSPITAL SERVICE DISTRICT/HOSPITAL PUBLIC TRUST AUTHORITY
 DISCLOSURE STATEMENT**

Pursuant to La. R.S. 42:1119B(2)(b)

**NAME OF HOSPITAL SERVICE DISTRICT/
 HOSPITAL PUBLIC TRUST AUTHORITY:** _____

I, _____ (print full name)

SERVE AS: CHIEF EXECUTIVE BOARD MEMBER COMMISSIONER

DATE OF HIRE/APPOINTMENT: ____/____/____ **REPORTING YEAR:** _____

The following immediate family member is employed by the above referenced HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY. (*La. R.S. 42:1102(13) defines immediate family member as a public servant's children, the spouses of his children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse.*) The facts of such employment are as follows:

<p><i>NAME OF FAMILY MEMBER:</i> _____</p> <p><i>POSITION HELD BY FAMILY MEMBER:</i> _____</p> <p><i>RELATIONSHIP TO FAMILY MEMBER:</i> _____</p> <p><i>DATE EMPLOYED:</i> _____</p> <p><input type="checkbox"/> Employed by hospital service district or hospital public trust authority for more than one year prior to filer becoming the chief executive officer, board member, or commissioner of hospital service district or hospital public trust authority</p> <p><input type="checkbox"/> Has served in public employment continuously since April 1, 1980 (the effective date of the <i>Code of Governmental Ethics</i>)</p> <p><input type="checkbox"/> The family member is employed as a licensed physician, allied health professional, or registered nurse</p> <p><input type="checkbox"/> Other (explain) _____</p>
--

I hereby declare the following: The immediate family member listed above was the only qualified applicant; and, the position was advertised for at least thirty (30) days in the official journal of the parish (and in all newspapers of general circulation in the parish).

SIGNATURE OF FILER: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____

- NOTE:**
- Disclosure statements must be filed by **January 30 of each year** that one has an immediate family member employed by the hospital service district or hospital public trust authority.
 - **Failure to timely file the required disclosure statement** will result in the imposition of an automatic late fee of \$50 per day, with a maximum penalty of \$1,500.
 - The responsibility to timely file a disclosure statement lies solely with the chief executive, board member, or commissioner (*who has an immediate family member employed by the hospital service district or hospital public trust authority*)