

DSW #171434  
PCS/FT

ADDITIONAL EMPLOYMENT REQUEST

Instructions: Complete Section I, have your proposed employer complete Section II, then email or hand this form to your human resources department.

RECEIVED

2019 APR 27 5:20

SF DPH Human Resources

<b>SECTION I</b>		<b>ADDITIONAL EMPLOYMENT PROPOSAL</b>	
Employee Name	<u>Lisa Pratt</u>	City Department	<u>DPH Public Health</u>
City Email	<u>lisa.pratt@sfdph.org</u>	Job Code & Title	<u>0943 Manager VIII</u>
Duration (1 Year Max)	<u>4.1.19</u> Start Date	Request Type	<input type="checkbox"/> New <input type="checkbox"/> Change in Conditions <input checked="" type="checkbox"/> Renew
	<u>4.1.20</u> End Date	Self-Employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business Name	<u>PRC</u>	Worksite	<u>101 Page St</u> Street Address
Employer Type	<u>Substance Use Treatment</u>	City	<u>San Francisco CA 94110</u>
Set Work Schedule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sun	Mon Tue Wed Thu Fri Sat
	Start Time <u>8:00 pm</u>		6:00 pm
	End Time <u>6:30 am</u>		6:00 am
Job Duties	<u>on call responsibilities for detox unit</u>		
	Amount or value of compensation: \$ <u>100</u>	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
I understand that any additional employment not in accordance with Civil Service Rule 118 will be deemed insubordination subject to disciplinary action as provided in Sections A8.341 and A8.342 of the Charter.			
	<u>[Signature]</u> Employee's Signature	<u>3.25.19</u> Date	

<b>SECTION II</b>		<b>ACKNOWLEDGMENT</b>	
For employees proposing self-employment and for employers that are <b>not</b> another City and County of San Francisco department			
<input checked="" type="checkbox"/> I know that the applicant is regularly employed by the City and County of San Francisco, and that I am employing the applicant subject to compliance with Civil Service Commission Rule 118 and Charter Section C8.105.			
For employers that <b>are</b> another City and County of San Francisco department/agency Department: _____			
<input type="checkbox"/> I know that the applicant is regularly employed by the City and County of San Francisco, and that I am employing the applicant subject to compliance with Civil Service Commission Rule 118 and Charter Section C8.105.			
(If the additional employment is subject to FLSA overtime requirements, notice will be sent to you after review by DHR.)			
Name	<u>John Fostel</u>	Title	<u>Chief Clinical Officer</u>
Employer's Signature	<u>[Signature]</u>	Date	<u>3/25/19</u>
		Email	<u>jfostel@bakerplaces.org</u>


<b>SECTION III</b>		<b>APPOINTING OFFICER APPROVAL</b>	
I do not believe this additional employment is incompatible with this employee's civil service duties and responsibilities.			
Name	<u>Alice Chen</u>	Title	<u>Deputy Director + LMO, SFHA</u>
Appointing Officer's Signature	<u>[Signature]</u>	Date	<u>4/8/19</u>
		Email	<u>alice.chen@sfdph.org</u>
<u>KIM WALDEN</u>		<u>HR MANAGER 5/8/19</u>	

<b>SECTION IV</b>		<b>DHR APPROVAL</b>	
I do not believe this additional employment is incompatible with this employee's civil service duties and responsibilities.			
Name	_____	Comment	_____
Director/Designee's Signature	_____	Date	_____

San Francisco Department of Public Health  
Office of Compliance and Privacy Affairs  
Code of Conduct

13. Acknowledgement of the Code of Conduct

My electronic signature and/or my hand-written signature on this Code acknowledges that I have read and understand the standards that are included in this Code. I agree to comply fully with these standards. I understand that violations of the principles embodied in this Code may result in disciplinary action, up to and including discharge.

Name: Lisa A. Proff MD, MPH  
Class # & Job Title: 0943 Director, Jail Health services  
Division: Jail Health services  
Signature & Date:  5/6/19

May 6, 2019

**Additional Employment Request**

**PRC/Baker Places – Joe Healy Detox**

I serve as a medical consultant for patients who are in treatment in a residential setting for alcohol, benzodiazepine and opioid use. The patients admitted to the residential treatment facility are patients of PRC/Baker. Patients who are admitted to this program are referred typically from TAP or the emergency department of local hospitals. I do not have any authority over nor do I work at those referring locations. No patient leaving the jail (my city work location) would be referred by me to Joe Healy Detox. Likewise, patients leaving Joe Healy Detox would not be referred to the jail. They may ultimately end up arrested and incarcerated, but this would not be due to any referral from me in my capacity as the Jail Health Services Director.



Lisa A. Pratt, MD, MPH