



REQUEST FOR OUTSIDE EMPLOYMENT

EMPLOYEE NAME _____ TITLE _____

DEPARTMENT _____ DATE _____

I hereby request approval to engage in outside employment as described below:

PROSPECTIVE OUTSIDE EMPLOYER'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____

WORK TO BE PERFORMED: _____

DAYS & HOURS OF WORK: _____

I understand that Policy 5.02 forbids me from engaging in any form of outside employment or business opportunity, for myself or another employer, which would conflict or interfere with my job. Additionally, I understand that using county equipment or materials for outside employment is strictly prohibited. I understand that to engage in outside employment, I must receive approval from my Department Head in advance of performing such outside employment, and that the approval may be withdrawn at any time. I also understand and agree that my outside employment must be suspended if my current work status is sick leave, FMLA leave, workers compensation leave or light duty. I understand that failure to comply with the policy could result in disciplinary action up to and including termination. In requesting outside employment, I certify that the above information is correct and that this employment will not involve any phase of business which deals with County contracts. I further understand that, if approved, this employment will not be considered good reason for poor performance, including excessive absenteeism or the inability to work overtime. Failure to abide may result in approval being rescinded and/or disciplinary action.

Employee signature

Date

DEPARTMENT HEAD ACTION

____ Request Approved ____ Request Denied

Comments or Special Conditions: _____

Department Head Signature

Date