

Request for Approval for Outside Employment

Employee Name (First, Last, Middle Init	tial)				
Employee Name (1 1134, Last, Phane Initial)					
Home Address		City		State	Zip
Employee ID Number		Telephone Number			
			☐ HOME ☐ CELL		
SECOND EMPLOYER INFORMATION					
I understand that my County employment takes precedence over all outside employment and I agree to comply fully with the "Outside Employment" and "Conflict of Interest" policies found in the Employee Handbook.					
Name of Consultation		T 6 D!			
Name of Second Employer		Type of Busi	ness		
Description of Work					
PROPOSED WORK SCHEDULE FOR SECOND EMPLOYER					
Schedule	Start Time		d Time		
Week Days			_		
Weekend					
Maximum # Hours Scheduled to work per week:					
Beginning Date of Employment End Date of Employment (if applicable)					
NOTE					
The work of the County must have precedence over any other occupational interest of its employees. An employee who wishes to hold outside employment for salary, wages or commission and/or any self-employment, must request permission in writing and have it approved by their immediate supervisor and Department Manager prior to beginning such employment. No time during County working hours may be used to promote or carry out outside employment, nor shall any County equipment, supplies or office space be used in conjunction with outside employment (except public safety uniforms when used in approved outside employment). Employees who have accepted outside employment may not use paid sick leave to work on the outside job. Fraudulent use of sick leave will result in disciplinary action up to and including dismissal.					
Employee Signature:			Date:		
Supervisor Signature:			Date:		
DECISION					
DECISION					
Department Manager Signature:			☐ APPROVE	D	☐ DENIED

Return copy of form to Human Resources