



OUTSIDE EMPLOYMENT FORM

Name: _____ Department: _____

Job Title: _____

Outside/Secondary Employer Name or Self-Employment: _____

Address of Outside/Secondary Employer: _____

Phone Number of Outside/Secondary Employer: _____

Nature of and Description of Outside/Secondary Employment: _____

Will this secondary job in any way be considered a conflict of interest with your primary job with the City?
_____ Yes _____ No

If yes, please explain: _____

I understand that City Administrative Regulation 5.5 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 especially while on official duty. Additionally I understand that using City equipment or materials for outside employment is strictly prohibited. I understand that in order to engage in outside employment, I must receive approval from my supervisor and Department Director in advance of performing such outside employment and that the approval may be withdrawn at any time.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 work status with the City is sick leave, FMLA leave, workers compensation leave, or restricted duty. I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

Date Received by Supervisor: _____

Reviewed by:

Department/Agency Head Signature

Date

Secondary/Outside Employment: *Approved/Disapproved*

Chief Administrative Officer/Designee Signature

Date

Human Resources will maintain a copy in the employee personnel file and the Department should maintain a copy.