

DIVISION OF ADMINISTRATION

OUTSIDE EMPLOYMENT DISCLOSURE STATEMENT

I. Employee Name: _____ Personnel #: _____ Section: _____
Job Title: _____ Supervisor Name: _____

II. Outside Employer: _____ Type of Business: _____
Address: _____ Phone: _____

Title of Position: _____

Activities performed or to be performed: _____

(Please provide an attachment, if necessary.)

Work Schedule: _____
(Please provide the work time, number of hours and/or number and days of the week.)

The above information is declared to be true, complete, and accurate.

Employee Signature

Date

SUPERVISOR RECOMMENDATION

Approve Deny _____ (Forward to Section Head)
Supervisor Signature Date

SECTION HEAD DECISION

Approved Denied Requesting additional review from the OHR.

Section Head Signature Date (Return to Supervisor)

CONDITIONS:

OFFICE OF HUMAN RESOURCES REVIEW

No Conflict with Policy Conflict with Policy and/or Code of Governmental Ethics.

OHR Representative Signature Date (Return to Section Head)

COMMENTS:

