

DIVISION OF ADMINISTRATION

EMPLOYEE ACKNOWLEDGEMENT OF OUTSIDE EMPLOYMENT POLICY (NEW HIRE/NEW POSITION)

My signature hereon acknowledges that:

1. I have received a copy of the Division of Administration's *Outside Employment Policy*;
2. I have read the policy or have had someone read this policy to me;
3. I understand the content of this policy; and
4. I agree to comply with the terms and conditions of this policy.

I further acknowledge that compliance with this policy is a condition of my employment and continued employment.

☐ Yes ☐ No -- I am currently engaged in outside employment activities.

(If you checked "Yes", please complete an *Outside Employment Disclosure Statement* form. The outside employment must be approved by the section head prior to an unconditional offer being made.)

Printed Name (Last, First)

Section

Employee's Signature

Date

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.

(Return to Supervisor)

Section Head Signature

Date

CONDITIONS:

OFFICE OF HUMAN RESOURCES REVIEW

☐ No Conflict with Policy

☐ Conflict with Policy and/or Code of Governmental Ethics.

(Return to Section Head)

OHR Representative Signature

Date

COMMENTS:

