



# Outside Employment Permission Form

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

EIN: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

I am requesting permission to engage in Outside Employment (OE) with the following organization/individual: \_\_\_\_\_

OE Supervisor's Name: \_\_\_\_\_ OE Supervisor's Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

I will be performing the following type of work: \_\_\_\_\_

On the following days and hours: \_\_\_\_\_  
*[Limited to a maximum of twenty (20) hours per week\*\*]*

The total number of hours per week will be: \_\_\_\_\_

By signing below I agree to:

- follow all expectations and parameters as outlined in Personnel Policy 8-111 – Outside Employment,
- immediately report any changes in the information provided on this form or status of my outside employment to my Supervisor or Appointing Authority,
- immediately report injuries sustained during outside employment to my Supervisor or Appointing Authority, and
- obtain specific additional approval to engage in outside employment while I am on sick leave, FMLA or industrial compensation time from the County.

By signing below I further acknowledge that my Appointing Authority or designee has my permission, at any time, to contact my outside employer to verify days and hours worked and type of work performed. I understand that failure to comply with Personnel Policy 8-111 may result in withdrawal of permission for outside employment.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature / Date

( ) APPROVED ( ) DENIED

\_\_\_\_\_  
Appointing Authority's Signature / Date

**Original: Department File**  
**Copy: Employee**

\* Permission for outside employment must be renewed annually by calendar year

\*\*County employees may work up to 24 hours a week in outside employment with the written permission of the County Administrator (PP 8-111[B])