

Outside Employment Request for Approval Form

Employee Information

Employee Name:	Date:
Position Title:	
Full-Time or Part-Time (circle one)	
Supervisor Name:	

Outside Employment Information

Name of Business/Organization:	
Address or Location:	
Proposed Start Date:	Proposed End Date:
Expected Work Days:	
Expected Work Times:	
Duties/Description:	

Employee Signature:	Date:
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FOR OFFICE USE ONLY

Administrator Comment: <input type="checkbox"/> The employee's outside employment has been determined to be an impermissible conflict of interest for the following reasons: _____ _____ <input type="checkbox"/> The employee's outside employment does not create a conflict of interest with the employee's current position with the district. <input type="checkbox"/> Other: _____
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Administrator Signature:	Date:
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