

Notice of Outside Employment



Employee Name:	Department:
Employee Title:	Supervisor Name:

(Complete and return to the Personnel Department)

Name and Address of Outside Employer:				
Type of Business:				
Number of Hours Worked:	Per Day:		Per Week:	
Expected Duration of Employment: (please check one)	<input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary from _____ to _____ (Date) (Date)			

****Please notify Personnel when this employment ends.****

Employee Signature		Date:	
Supervisor Signature		Date:	