Report of Outside Employment

**About this form**

This form supports our Ethical Conduct Policy and is used by employees to inform their supervisor of outside employment. This form is also used to document approval when our approval of your outside employment is required by the Ethical Conduct Policy.

For questions or assistance in completing this form, please contact the AGENCY Ethics Officer.

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| **Employee Information** | |
| Name: | Class Title: |
| Division/Unit: | Supervisor’s Name: |
| **Outside Employment Information** | |
| Name of Outside Employer: | Phone # of Outside Employer |
| Date of Employment: | Title: |
| Description of Duties:  In your description of your outside employment, include enough detail about known or expected job duties, including any interaction with third-parties, so that we may determine if an actual or potential conflict exists. | |

I have read the Ethical Conduct Policy, informed my supervisor and I understand:

* This outside employment will be performed on my own time, after hours, on formal days off, or during earned vacation or compensatory time off;
* I am prohibited from using state equipment or resources, and confidential information learned as a state employee, in the performance of this outside employment;
* This report will be placed in my personnel file; and
* The report of this activity will not adversely affect my present or future status with AGENCY.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director:  Approved  Not approved

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_