



OUTSIDE EMPLOYMENT DISCLOSURE FORM

Instructions: Use this form to communicate outside employment activities. Check one of the options in Section 1. If you have secondary employment, please complete Section 2. Sign and date the form and return to your Administrative Manager (person approving your timesheet).

Employee Name & ID (printed): _____

Employee Division (printed): _____

Employee Job Title (printed): _____

Section 1: Choose one of the below.
_____ A. I do NOT have outside employment.
_____ B. I do have outside employment.

Section 2: Complete if you checked B in Section 1.
Name and Contact Information of Outside Employer:
Outside employment work schedule (detail of days & shift start/end times) and job duties:

ACKNOWLEDGEMENTS	
I (employee) have read the State Personnel Board Rule 478-1-.07, Outside Employment, and agree to comply with all provisions and with all conditions specified in this rule. I agree that my outside employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the State Accounting Office. I further agree to notify my administrative manager of any changes in the circumstances regarding my outside employment.	
Employee Signature:	Date:
I (manager) have received the Outside Disclosure Form and forwarded to my respective Deputy.	
Manager Name and Signature:	Date:
I (Deputy) have reviewed the information provided on the Outside Disclosure Form and agree it will not interfere or conflict with the employee's duties and responsibilities.	
Deputy Name and Signature:	Date:
Date provided to HR:	