

**DIVISION OF ADMINISTRATION**

***OUTSIDE EMPLOYMENT DISCLOSURE STATEMENT***

I. Employee Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_ Section: \_\_\_\_\_  
(Print)

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

II. Outside Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Activities performed or to be performed: \_\_\_\_\_

\_\_\_\_\_  
(Please provide an attachment, if necessary.)

Work Schedule: \_\_\_\_\_  
(Please provide the work time, number of hours and/or number and days of the week.)

The above information is declared to be true, complete, and accurate.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**SUPERVISOR RECOMMENDATION**

Approve       Deny      \_\_\_\_\_ (Forward to Section Head)  
Supervisor Signature      Date

**SECTION HEAD DECISION**

Approved       Denied       Requesting additional review from the OHR.  
\_\_\_\_\_  
Section Head Signature      Date (Return to Supervisor)

CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE OF HUMAN RESOURCES REVIEW**

No Conflict with Policy       Conflict with Policy and/or Code of Governmental Ethics.  
\_\_\_\_\_  
OHR Representative Signature      Date (Return to Section Head)

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_