

REGISTRATION OF OUTSIDE EMPLOYMENT

This registration must be submitted and approved at the time outside employment is obtained and annually on January 30th.

Employee Name:	Current Work Hours:	
Division:	Current Position:	Work Phone:
Name of Outside Employer:		
Address of Outside Employer:		
Outside Employer Contact Name:	Phone:	
Type of Company:		
Title of Outside Job:		
Explain the Duties You Will Be Performing:		
Days of Week:		
Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Both <input type="checkbox"/>		
Other: (Please Explain)		
Duration of Job (Permanent, Temporary, until..., etc.):		

My signature below indicates that the outside employment will not interfere with my regularly scheduled duties in Commerce and that my part-time employment is not a conflict of interest for me as an employee of the Department of Commerce. I also acknowledge that I am prohibited from using any state resources in any manner connected to my outside employment.

Employee Name _____ Date _____

REVIEW:

Immediate Supervisor _____ Date _____

Division Legal Counsel _____ Date _____

Division Chief/Superintendent _____ Date _____

Department Chief Legal Counsel _____ Date _____

Human Resources Director _____ Date _____
Reviewers' Comments: