

OFF-DUTY EMPLOYMENT REQUEST

Date: _____

Employee: _____ Dept/Div: _____

Position: _____

Outside employer or company: _____

Address: _____

Phone: _____ Work days and hours/week: _____

Position and duties to be performed: _____

Employee Signature

Date

Department Head Recommends: Approval Denial (if denial is recommend state
reason/s): _____

Department Head's Signature

Date

I have reviewed the request for off-duty employment and take the following action.

Approved to work with employer named above

Denied request to work with employer named above. Reason for denial follows:

City Manager's Signature

Date