

Outside Employment

Name: _____

Date: _____

Department: _____

Title: _____

I hereby request approval to engage in outside employment as described below:

Nature of employment:

Time required for employment: _____

I understand that The Town of Ashland City policy forbids me from engaging in any form of outside employment or business opportunity, for myself or another employer, which would conflict or interfere with my job especially while on company time. Additionally, I understand that using company equipment or materials for outside employment is strictly prohibited. I understand that in order to engage in outside employment, I must receive approval from my Mayor, Department Head and Human Resources in advance of performing such outside employment, and that the approval may be withdrawn at any time. I also understand and agree that my outside employment must be suspended if my work status with The Town of Ashland City is sick leave, FMLA leave, workers compensation leave or restricted duty. I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.

Employee signature

Date

Approval

_____ Request Approved Mayor's signature

_____ Request Approved Department Head's signature

_____ Request Approved Human Resource's signature

Comments or Special Conditions: _____

Forward completed form to the Human Resource Department.