Richland CENTER
HOMETOWN CHARM. NATURAL BEAUTY.

OUTSIDE EMPLOYMENT REQUEST FORM

Outside Employment Request Form

Instructions: Employees must complete this form to request approval for any outside employment, including self-employment, consulting, or volunteer work, that could potentially interfere with their duties, create a conflict of interest, or occur during their City work hours. This form must be submitted to the City Administrator and your department head for review and approval *before* commencing outside employment.

Section 1. Employee Information

Name: _____ **Date:** _____

Title: _____ **Department:** _____

Section 2. Proposed Outside Employment Details

Employer: _____ **Address:** _____

Contact: _____ **Phone:** _____

Email: _____

Nature of Work/Duties: (e.g., retail sales, consulting, volunteer work, self-employment)

_____

_____

Expected Start Date: _____ **Anticipated Hours per Week:** _____

Work Schedule: (Please describe days/times you anticipate working, if known)

_____

_____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START:							
END:							

Is any part of this outside employment during your regular City work hours?

☐ Yes ☐ No

If yes, please explain:

_____

_____

Will you be using any City equipment, property, or resources (e.g., vehicles, equipment, computers, supplies, confidential information) for this outside employment?

☐ Yes ☐ No

If yes, please explain:

_____

_____

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Do you believe this outside employment presents any actual or perceived conflict of interest with your duties or responsibilities as an employee of the City of Richland Center?

☐ Yes ☐ No

If yes, please explain:

_____

_____

Will this outside employment involve any interaction, direct or indirect, with the City of Richland Center as a client, vendor, or regulatory body?

☐ Yes ☐ No

If yes, please explain:

_____

_____

Section 3. Employee Certification

I certify that the information provided in this request is true and accurate to the best of my knowledge. I understand that approval for outside employment is granted based on this information and may be revoked if circumstances change or if the outside employment is found to conflict with City policy or my performance. I also understand that approval of this request does not alter my responsibilities to the City of [Your City Name] or exempt me from any City policies.

Signature: _____ Date: _____

Section 4. Review and Determination

To be Completed by the City Administrator

Reviewed by: _____ Date: _____

Recommendation:
☐ Approved
☐ Approved with Conditions
☐ Denied

Conditions or Reasons for Denial:

_____

_____

Department Head Signature: _____ Date: _____

City Administrator Signature: _____ Date: _____