

CITY OF SAINT PAUL

Alaska

REQUEST FOR OUTSIDE EMPLOYMENT APPROVAL FORM					
Employee Name		Date of Request			
Department/Division		Job Title			
Employee ID No		Supervisor Name			
I hereby request approval to engage in outside employment as described below:					
Nature of Employment					
Time Required for Employment					
ACKNOWLEDGEMENT					
I understand that City Personnel Policy 05.02 does not allow me to engage in outside employment or business opportunity, for myself or another employer, which would conflict or interfere with my job especially while on City time. Additionally, I understand that using City property for outside employment is prohibited. I understand that to engage in outside employment, I must receive approval from my supervisor, Department Director, and City Manager in advance of performing such outside employment, and that the approval may be withdrawn at any time.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 City is sick leave. I understand that failure to comply with the policy could result in disciplinary action.					
EMPLOYEE'S SIGNATURE					
Employee's Signatur	e	Date			
REVIEW OF REQUEST					
Reviewed by		Date of Review			
Supervisor		Date of Review			
Reviewed by Department Director		Date of Review			
Reviewed by City					
Manager		Date of Review			
APPROVAL OR DENIAL OF REQUEST					
Approved/Denied by		Date			
Supervisor		Approved/Denied			
Approved/Denied by Department Director		Date Approved/Denied			
Approved/Denied by		Date of			
City Manager		Approved/Denied			

COMMENTS/CONDITIONS			
Management/Ai	OMINISTRATION SIGNATURES		
MARIANDIMENTI/AL	THE TAILTION DIGITAL CARD		
Supervisor's Signature	Date		
Department Director's Signature	Date		
City Manager's Signature	Date		