



Outside Employment Employee Request and Agency Response Form

Employee Name (printed) _____ Title _____ Personnel Number _____

Section I: Public Employment Information

Cabinet _____ Department _____ Office/Division _____ Branch _____ Section _____

Supervisor Name _____ Supervisor Title _____

Work Schedule

Hours per Day _____ Workday Begins _____ Workday ends _____ Days of the Week _____ Hours per Week _____

I have attached a copy of the following:

- My Latest Personnel Action Notification (PAN) My Current Position Description

I am requesting approval for the following:

- Outside Employment (Including self-employment and work as independent contractor)

Section II: Outside Employment Information

Name of Employer _____ Type of Business _____

Business Address _____ City _____ State _____ Zip Code _____

Supervisor Name _____ Supervisor Title _____ Phone _____

Job Title _____ Hire Date _____ Planned Termination Date (if applicable) _____

Description of Job Duties

Work Schedule

Hours per Day _____ Workday Begins _____ Workday ends _____ Days of the Week _____ Hours per Week _____

Section III: *It is recommended that employee seeks assistance from an agency representative with knowledge of contractual information when answering the questions below.*

Description of contracts between the outside employer and the employee's state agency:

Description of regulatory relationship between the outside employer and employee's state agency:

Specific factors which separate the employee's state job from the agency's decisions concerning the outside employer:

Employee's Initials _____

