



REQUEST TO APPROVE OUTSIDE EMPLOYMENT

Employee Name: _____

Home Address: _____

Phone: _____ Email: _____

Department of employment at Tehama County: _____

Department Head: _____ Immediate Supervisor: _____

Current Position: _____

PROPOSED OUTSIDE EMPLOYMENT

Employer: _____

Employer Address: _____

Self-Employment? Yes No *If no, who is primary contact?* _____

Contact Phone: _____ Contact Email: _____

Effective Start Date: _____ Anticipated End Date: _____ Unknown

Expected # hours scheduled/week: _____ Scheduled Hours/Days: _____

Nature of services or product to be provided (attach job description if available or additional information if necessary):

EMPLOYEE CERTIFICATION

I certify I have read the Tehama County Personnel Rule regarding Outside Employment and I will comply with this Rule in pursuing outside employment. I understand that violation of Personnel Rules may lead to disciplinary action, including termination. I agree to inform my supervisor immediately of any changes in my outside employment status, or of any changes to this agreement.

Employee Signature: _____ Date: _____

DEPARTMENT HEAD REVIEW

I have reviewed the Request to Approve Outside Employment, and make the following recommendation:

Approved Denied *If denied, the Department Head shall provide reasons for such decision.*

Department Head: _____ Date: _____