



Request for Approval of Outside Employment

**Section 3.09.09** of the Faculty Handbook **and Section VI Z** of the Classified Handbook

**\*\*This form is to be completed prior to accepting outside employment.\*\***

Date:

Employee Name:

SWCC Position:

Part-time employer name:

Part-time employer phone address and phone number:

Type of work to be performed:

Licenses/other governmental authorization necessary to perform the planned outside employment:

Dates/hours the planned outside employment will be performed:

Employee Signature

Date

Dean's Signature

Date

VP's Signature

Date

HR Signature

Date

President's Signature

Date