



REQUEST FOR AUTHORIZATION: OUTSIDE EMPLOYMENT

Employees of Find Wellbeing must be free from the appearance of conflict or impropriety when performing official duties. The Managing Director *may* approve outside employment, business or volunteer activities upon written request of the employee. However, if the employee's work performance or behavior is adversely affected by the outside employment or activity, the Managing Director may require the employee to immediately terminate such activity.

Please complete the following and submit it to your supervisor. If you do not have outside employment or business activity, write "None" on line 3. Describe in detail the duties of your outside employment. Attach a separate sheet if necessary. All forms indicating any outside employment or business activities will be reviewed for approval, and employees will be notified of any disapproved activities. After supervisor review and signature, send this form to the Human Resources Department for review by the Human Resources Director. If the HR Director approves the activity, he/she will forward the form to the Managing Director for final approval.

Employees may NOT engage in outside employment until the Managing Director has provided his written approval on the form below.

Employees acknowledge that the approval may be revoked at any time, with the discretion of the Managing Director, and is not subject to appeal or grievance. Employees understand that failure to timely disclose outside employment, a conflict of interest arising from such employment, volunteer or business activity, or violate the provisions of the employee handbook in any manner is grounds for both immediate revocation of the authorization and is also grounds for discipline, up to and including termination.

1. Name: _____ Department: _____
(please print)

2. Job Title: _____

3. Name of outside employer: _____
(Indicate self-employment if applicable)

4. Duties of outside employment or business activities: _____

5. Hours per week (anticipated) of outside employment: _____

Employee Signature: _____ Date: _____

Supervisor/Manager Signature: _____ Date: _____

Return to the Human Resources Department

HR Director Recommendation:

Approve

Disapprove

Comments: _____

HR Signature: _____ Date: _____

Managing Director's Decision:

Approve

Disapprove

Comments: _____

Managing Director's Signature: _____ Date: _____