



City of Russellville Authorization for Outside Employment

Name: _____ Employee I.D. # _____

Department: _____

I am hereby requesting authorization from my Department Head to engage in outside employment. Type of employment: _____

I understand that as a condition for outside employment the following policies must be adhered to:

Initial

_____ I understand that I must receive annual approval from my Department Head *prior* to the beginning of any outside employment and I must submit to my Department Head a revised Authorization of Outside Employment Form if during the year the status of my outside employment is changed in any way such as resignation or change of outside employment.

_____ I understand my Department Head may at any time revoke their approval of my outside employment if it is determined the employment interferes with the proper and effective performance of my duties or negatively reflects the image of the City.

_____ I understand I must immediately notify my Department Head in the event I become ill or injured while engaged in outside employment. I understand this approval does not constitute any presumed liability by the City for any illness or injury the employee may incur while engaged in outside employment.

_____ I understand that I may not work for outside employment while on City sick leave without *prior* written approval by my Department Head.

Outside Employer: _____
Business Name

Address Phone Number

Employee Signature

Date

Approved

Disapproved

Department Head Date

Approved

Disapproved

Mayor Date