

NOTIFICATION OF OUTSIDE EMPLOYMENT

Employee should complete parts 1 and 2, then forward this form to his/her immediate supervisor. Supervisor should read, sign in part 3, and distribute form as indicated below.

Part 1 Employee Information

Name:	Colleague ID Num (Do not use SSN):
Position Title:	Supervisor's Name:
Department:	Campus:

Part 2 Outside Employer Information

Employer Name	Type of Business	
Physical Location (address)	Dates of Employment From: To:	Work hours per week
Title	Supervisor Name	Supervisor Phone

Brief Description of duties.

This is to inform you that I am employed outside of the College as described above.	Signature:	Date:
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Part 3 HCC Supervisor's Acknowledgement

Remarks	Signature	Date:
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Original to: Supervisor

Copy to: Campus/District Official, Human Resources, Employee