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:

Part 3
HCC Supervisor’s Acknowledgement

Remarks

Signature

Date:

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

Previous version 04/08 may be used.

0-0-011 (06/10)