

Employee Name:

Title:

Department:

Supervisor:

Describe the work being performed outside of Prescott College:

Location/address of Outside Employment:

Who hired you to do this work? Please list name of company or person:

Schedule and hours worked per week at Prescott College:

Schedule and hours worked per week/assignment of Outside Employment:

Start date of Outside Employment:

Ending Date:

I have read and understand the conditions of engaging in outside employment as stated in the Prescott College Policy 804 (see attached). If any of the above items change, I will complete a new approval form. I will keep my supervisor informed and updated each time I accept an outside employment agreement. I agree to update this form annually and/or to notify my supervisor if I discontinue this outside work.

Signature of Employee

Date

Note: The President has delegated authority for supervisors to approve outside employment activities and determine whether or not a conflict of interest exists. If a supervisor determines a conflict of interest exists, they are required to notify the President immediately.

I approve the outside employment listed above subject to the conditions of the Prescott College Policy 804 and agree that this is not a conflict of interest for the College. I reserve the right to revoke this approval if the conditions of this approval cease to be met.

Signature of Supervisor/Director

Date

Signature of Vice President/Dean

Date

**Please submit this completed form to Human Resources
after approval signatures are obtained.**