CITY AND COUNTY OF BROOMFIELD

REQUEST FOR OUTSIDE EMPLOYMENT (PAGE 1 OF 2)

NAME:							
DEPARTMENT:		<u>.</u>	DIVISION:				
Employee Scheduled Working	Hours	Day	ys:		Hours:		
		Day	ys:		Hours:		
Name of Outside Employer:							
Address of Outside Employer:							
Telephone Number of Outside	Employer:	()				
Type of Business/Activity of Ou	tside Empl	oyer:					
Job Description, Duties, Responsibilities with Outside Employer:							
Scheduled Working Hours	Days:			Hours:			
With Outside Employer	Days:		Hours:				
	From (Date):			To (Date):			
Explain in detail why you feel approval of the above outside employment will <u>not</u> interfere with the proper and effective performance of official City and County duties:							
Explain in detail why you feel approval of the above outside employment will <u>not</u> in <u>any</u> way result in a conflict of interest:							

CITY AND COUNTY OF BROOMFIELD

REQUEST FOR OUTSIDE EMPLOYMENT (PAGE 2 OF 2)

The City and County shall <u>not</u> grant injury leave to an employee injured while performing the duties required by outside employment.

I understand and concur that my primary employment is with the City and County of Broomfield and that the job assignments as specified in my job description and by my supervisor with the City and County of Broomfield do at <u>all</u> times take precedence over any outside employment. I further understand that I may be subject to call at any time to perform City and County duties and that such City and County duties come before any job assignments associated with outside employment.

Employee's Sig	Date:					
Supervisor's Sig	Date:					
Department Hea	Date:					
RECOMMENDATION OF HUMAN RESOURCES DEPARTMENT						
□ Concur	□ Do Not Concur	Reason:				
HR Signature:			Date:			
DECISION OF CITY AND COUNTY MANAGER						
☐ Approve	□ Not Approved	Reason:				
City and County	/ Manager's Signature:		Date:			

Revised 07/26/07