

MILITARY DEPARTMENT DISCLOSURE/REQUEST FOR OUTSIDE EMPLOYMENT FORM

EMPLOYEE INFORMATION

Name (Last, First, MI)		Personnel Number
Division	Unit	Job Classification
Work Phone Number:		Work Email Address

INFORMATION REGARDING OUTSIDE EMPLOYMENT

Name of Outside Employer or Organization	
Business & Occupation #:	Tax ID #
Address of Outside Employer:	Location of Outside Employment (if different from mailing address):
Job Title	Business e-mail address:
Name of Immediate Supervisor	Supervisor Contact Information (phone and e-mail)
Describe the Outside Employer's business:	
Describe the specific job duties you will perform for this outside employer, or attach a current position description (preferred):	
Average weekly paid or volunteer hours worked	Average weekly paid or volunteer hours worked

Please check YES or NO for the questions. If you answer YES" to any of the above questions, please explain your affirmative response(s) either on this form, or attach a separate signed statement explaining your response.

Yes	No	Is this outside employer a client or customer of WMD and/or any of its divisions?
Yes	No	Does this outside employer do business with, or try to influence, WMD or other state government policies (i.e. lobbying)?
Yes	No	Would this outside employment involve paid activities which are normally a part of your WMD duties?
Yes	No	Do you know of any other factors which could create an actual, or perceived by others, conflict of interest with your state employment?

Yes	No	Does this outside employer conduct operations, or activities, which are regulated by WMD?
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Explanation for areas in which you marked yes on the previous page (attach additional pieces of paper if necessary).

By my signature, I certify that this information is true and complete to the best of my knowledge. I also certify that I have read and understand Washington Military Department Policy #HR-241-02 pertaining to WMD State Employees engaging in Outside Employment. Further, I understand this outside employment report will be placed in both my personnel and payroll files.

Name:

Date:

APPROVAL PROCESS

Office / Function	Recommendation	Signature	Date
Supervisor	Approval Approved with noted conditions Disapproval		

Comments:

Manager	Approval Approved with noted conditions Disapproval		
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Comments:

APPROVAL

EMT Director	Approval Approved with noted conditions Disapproval		
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Comments:

HR Division Director	Approval Approved with noted conditions Disapproval		
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Comments:

Director (TAG) Review (if required)	Approval Approved with noted conditions Disapproval		
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Comments:

cc: File in Personnel file (Date of Last required Signature Last Name First Initial Outside Employment Name of Employer)
Payroll file