



**CITY OF WILLISTON
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT**

TO BE COMPLETED BY EMPLOYEE – The City of Williston employees may accept outside employment as long as the employment is not contrary, detrimental or adverse to the interests of the City, and as long as no City time, equipment or material is used.

See Section 10-Subsection 10.05 of the Human Resources Manual for full disclosure of the Outside Employment Policy.

This form must be completed and approved prior to beginning outside employment or during the hiring process in reference to any outside employment.

INFORMATION REGARDING THE CITY OF WILLISTON EMPLOYEE

EMPLOYEE'S NAME: LAST NAME, FIRST NAME, MIDDLE NAME:	
JOB TITLE :	HOME TELEPHONE NUMBER:
DEPARTMENT/DIVISION:	WORK TELEPHONE NUMBER:
SUPERVISOR'S NAME:	CELLULAR TELEPHONE NUMBER:
NORMAL WORK DAYS AND TIMES:	

INFORMATION REGARDING THE OUTSIDE EMPLOYMENT AND EMPLOYER

NAME OF BUSINESS, ORGANIZATION OR INDIVIDUAL HIRING EMPLOYEE:
ADDRESS OF OUTSIDE EMPLOYER :
TELEPHONE NUMBER:
JOB TITLE THAT EMPLOYEE WILL HOLD:
TYPE OF BUSINESS (IE Restaurant, Retail, Sales, Gas Station, Etc.
NORMAL WORK DAYS AND TIMES:
DESCRIPTION OF DUTIES:
WHAT DUTIES MIGHT BE A CONFLICT OF INTEREST WITH YOUR CITY OF WILLISTON POSITION?
WILL YOUR PROPOSED OUTSIDE EMPLOYER RELEASE YOU IF AND WHEN YOU ARE CALLED FOR EMERGENCY SERVICE BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO

By signing below, I certify that all of the information given on page one (1) of this document is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that falsification, omission, or misrepresentation is sufficient cause for disciplinary action, up to and including termination. I also understand that I am responsible for informing my supervisor in writing if any information about my outside employment changes, especially if there arises any possible conflict of interest. Failure to do so may lead to disciplinary action, including termination of employment with the City of WILLISTON.

EMPLOYEE NAME:	
EMPLOYEE SIGNATURE:	DATE:

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR, DEPARTMENT HEAD, AND CITY MANAGER

NAME OF SUPERVISOR	PLEASE CIRCLE ONE: APPROVED DISAPPROVED	SUPERVISOR SIGNATURE & DATE
NAME OF DEPARTMENT HEAD	PLEASE CIRCLE ONE: APPROVED DISAPPROVED	DEPARTMENT HEAD SIGNATURE & DATE
CITY MANAGER	PLEASE CIRCLE ONE: APPROVED DISAPPROVED	CITY MANAGER SIGNATURE & DATE

In the event that the Request for Outside Employment is denied, a letter of explanation will be given to the requester.

If you have any questions regarding outside employment, please contact the Human Resources Department