

Yavapai College

REQUEST FOR AUTHORIZATION: OUTSIDE EMPLOYMENT

Employees of Yavapai College must be free from the appearance of conflict or impropriety when performing official duties. Yavapai College Leadership *may* approve outside employment, business, or volunteer activities upon written request of the employee. However, if the employee's work performance or behavior is adversely affected by outside employment or activity, the CHRO may require the employee to immediately terminate such activity.

Please complete the following and submit it to your Dean/Associate Dean. If you do not have outside employment or business activity, then no action is necessary. Describe in detail the duties of your outside employment (#4). Attach a separate sheet if necessary. All forms indicating any outside employment or business activities will be reviewed for approval, and employees will be notified of any disapproved activities. After Dean, CHRO or designate, and VP review and sign, a copy will be sent to you and also placed in your employee personnel file.

Employees acknowledge that approval may be revoked at any time, by joint decision of the VP and CHRO, and is not subject to appeal or grievance. Employees understand that failure to timely disclose outside employment, a conflict of interest arising from such employment, volunteer or business activity, or violation of the provisions of the employee handbook in any manner is grounds for both immediate revocation of the authorization and is also grounds for discipline, up to and including termination.

1. Name: _____ Division: _____
(please print)

2. Job Title: _____

3. Name of outside employer: _____
(Indicate self-employment if applicable)

4. Duties of outside employment or business activities: _____

5. Hours per week (anticipated) of outside employment: _____

Employee Signature: _____ Date: _____

Dean Recommendation: _____ Approve _____ Disapprove

Comments: _____

Signature: _____ Date: _____

VP Recommendation: _____ Approve _____ Disapprove

Comments: _____

VP Signature: _____ Date: _____

Chief HR Officer Recommendation: _____ Approve _____ Disapprove

Comments: _____

CHRO Signature: _____ Date: _____