

City of Redlands
**EMPLOYEE REQUEST TO ENGAGE IN
OUTSIDE EMPLOYMENT**



EMPLOYEE & EMPLOYMENT INFORMATION

EMPLOYEE NAME:

JOB TITLE:

SUPERVISOR NAME:

DEPARTMENT:

OUTSIDE EMPLOYER NAME:

EFFECTIVE DATE:

**TITLE OF REQUESTED
OUTSIDE EMPLOYMENT:**

**EMPLOYEE
SIGNATURE:**

Employee Signature indicates agreement to abide by Conditions of Approval as listed below.

STATE BELOW TYPE OF EMPLOYMENT AND DESCRIPTION OF DUTIES:

CONDITIONS OF APPROVAL

I request permission to engage in outside employment during my off-duty hours including vacation or annual leave time. I understand and agree to abide by the following conditions:

1. My outside employment will not interfere with my position and duties with the City of Redlands and I will respond immediately if called into duty with the City.
2. The nature of my outside employment is such that there will be no conflict of interest with my City employment.
3. The City of Redlands will not be subject to claims or be held liable for any damages, injuries or illnesses incurred as a result of my outside employment.
4. This permission may be revoked at any time and will be automatically revoked upon significant change in my work performance at the City of Redlands.
5. I will renew my request for outside employment annually, in January; and/or update my request if there is any change in, or termination of, the outside employment as presented above.

SIGNATURES

Supervisor Name

Signature

Date

Department Director

Signature

Date

Human Resources/Risk Management Director

Signature

Date