

# COUNTY OF TULARE REQUEST FOR OUTSIDE EMPLOYMENT

Personnel Rule No.7 states: "Any officer or employee who desires to work for more than one County Department, or to hold outside employment in addition to County employment, shall submit a request through their Department Head to the Human Resources Director for permission to hold such position(s). Such requests shall be submitted prior to any work performed in the outside position and shall be resubmitted annually."

**VOLUNTEERING** – 1) "No officer or employee may volunteer any time for any County Department without the prior written approval of the Human Resources Director"; 2) Employees who volunteer for religious or single occurrence activities need not submit the County of Tulare Request for Outside Employment.

**Complete the first section and forward this form to your Supervisor.** (HNSA Employees who are continuing in the same outside employment this year as authorized last year should not complete a new Request for Outside Employment; instead they should contact HNSA-HR directly.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

County Job Title \_\_\_\_\_

Name of Firm/Agency of Outside Employment \_\_\_\_\_

Type of business (e.g. accounting, retail, etc) \_\_\_\_\_

Does this business contract with the County for any services?  Yes  No  I don't know

Duration of this outside employment \_\_\_\_\_

List or describe the duties you will be performing \_\_\_\_\_

**ANTICIPATED SCHEDULE:** (Hours per week and Scheduled Hours sections must be completed)

**For County Employment: Hours per wk \_\_\_\_\_ For Outside Employment: Hours per wk \_\_\_\_\_**

Scheduled Hours (ex. 8:00 am – 5:00 pm)	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Scheduled Hours (ex. 6:00 pm – 9:00 pm)	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

### \*\*\*\*\*DEPARTMENT RECOMMENDATIONS\*\*\*\*\*

**Supervisor:**  Approve  Deny Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**Department Head:**  Approve  Deny Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Conflict?  Yes  No (If Yes, explain under Comments)

Comments: \_\_\_\_\_

**Human Resources Director:** FLSA joint employment?  Yes  No (If Yes, explain under Comments)

Approve  Deny Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_