

BROOKDALE COMMUNITY COLLEGE

REPORT OF CONTINUING OUTSIDE EMPLOYMENT

Name: _____	Date: _____
Title: _____	
Div./Dept. _____	

Nature of Continuing Outside Employment: *Please describe the nature of the employment. If you are self-employed describe your business.*

Name of Employer: _____
Address: _____ State: _____ Zip: _____
or:
Self-Employed: _____
Nature of Business:

I certify that the outside employment that I have described: (a) does not constitute a conflict of interest; (b) occurs at a time when I am not expected to perform assigned duties; or (c) does not diminish my effectiveness in performing primary work objectives at the College.

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____