

BROOKDALE COMMUNITY COLLEGE CONTINUING OUTSIDE EMPLOYMENT

Administrators and Staff

In accordance with College Regulation 3.9008R Code of Ethics for Employees, full-time employees must complete this form whether they are employed outside the College or not. If you are not employed outside the College, complete Sections 1 and 2 and sign the form. If you are employed outside the College, complete Sections 1 and 3 and sign the form. Please submit the completed form to your department supervisor.

Section 1

Name: _____	Date: _____
Title: _____	
Division/Department: _____	

Section 2

I do not have outside employment: _____

Section 3

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

Name of Employer: _____	Self-employed: _____
Address: _____	State: _____ Zip: _____
Number of hours per week: _____	
Workweek schedule: _____	
Nature of business: _____ _____ _____	

I certify that I am not employed outside of the College **OR** the outside employment I have described:

- * Does not constitute a conflict of interest
- * Occurs at a time when I am not expected to perform assigned duties
- * Does not diminish my effectiveness in performing primary work objectives at the College

Employee Signature: _____ Date: _____

Supervisor: Collect all forms from department staff and forward as noted below.

Approval Signature: _____ Date: _____

(Appropriate Dean, Associate Vice President, or Vice President)