

**BROOKDALE COMMUNITY COLLEGE**  
**CONTINUING OUTSIDE EMPLOYMENT**  
**FACULTY FORM**

In accordance with College Regulation 3.9008R Code of Ethics for Employees, all employees must complete this form whether or not they are employed outside the College. **If you do not work outside the College, complete the first and second boxes and sign the form. If you do work outside the College, complete the first and third boxes and sign the form. Please send your completed form to your Institute Dean.**

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

|   |
|---|
| _____ I do not have outside employment OR I have outside employment that is less than 20 hours per week.<br>Note: Outside employment of any kind cannot constitute a conflict of interest, may only occur at a time when you are not expected to be at work, and cannot diminish your effectiveness in performing your primary work function. |
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Outside employment of 20 or more hours per week must be reported. Please provide the nature of your continuing outside 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:<br>_____<br>_____ |                      |            |

I certify that 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: \_\_\_\_\_

Institute Dean: Collect all forms from the Institute faculty and forward to the VP for Learning

VP for Learning Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_