



Conflict of Employment

EMPLOYEE INFORMATION

Employee Name _____ Date of Notice _____

Department/Office _____ Authorizing Official _____

FT PT SNL

Status Non-Exempt Exempt

OUTSIDE EMPLOYMENT INFORMATION

Name of 2nd Employer: _____

Position Title: _____

Anticipated Work Schedule for outside employment: _____

I understand that my job at Roosevelt County is my primary employer and that the outside employment will not create a conflict of interest nor will it or my actions defame, embarrass or reflect discredit upon the County.

If approved, this authorization will be for a period of one year unless otherwise specified.

Employee Signature: _____

Date _____

_____ The above-referenced employee has my authorization to work at the above named employer, with the understanding that Roosevelt County is the employee's primary employer

_____ The above referenced employ does not have my authorization to work at the above named employer.

AUTHORIZATION

Authorizing Official _____ Date _____

County Manager _____ Date _____

HUMAN RESOURCES USE ONLY

Date Received: _____ Approved Not Approved