

FORT LEWIS COLLEGE
OUTSIDE EMPLOYMENT APPROVAL FORM
For Exempt Employees

Employee Name:

Title:

Department:

Supervisor:

Describe the work being performed outside of Fort Lewis College:

Location/address of Outside Employment:

Who hired you to do this work? Please list name of company or person:

Schedule and hours worked per week at Fort Lewis College:

Schedule and hours worked per week/assignment of Outside Employment:

Start date of Outside Employment:

Ending Date:

I have read and understand the conditions of engaging in outside employment as stated in the Fort Lewis College Administrative Professional (Exempt) Staff Handbook and related policies. If any of the above items change, I will complete a new approval form. I will keep my supervisor informed and updated each time I accept an outside employment agreement. I agree to update this form annually and/or to notify my supervisor if I discontinue this outside work.

Signature of Employee

Date

Note: The President has delegated authority for supervisors to approve outside employment activities and determine whether or not a conflict of interest exists. If a supervisor determines a conflict of interest exists p8.002 (i-12.269 (d a)-12.169 -12 (k)Tj 0.01 Tw 1 3 0.01 Tw 1 3)-12 ex