

Request for Additional or Outside Employment

Name: _____ **Position:** _____

Department: _____ **Phone#:** _____

Please check one: **Additional Employment** **Outside Employment**

This request for additional or outside employment is in accordance with the Other Employment Policy as referenced in the MWSU Policy Guide. An overview of the employment activity(ies) is attached. This request is valid for the current fiscal year only and if appropriate must be renewed for future periods on a fiscal year basis.

Request for approval must include:

1. A summary of workload (i.e., # of courses, credit hours) for the period of additional or outside employment.
2. Funding source:

Choose one:	Name	Budget/Account # (if known)
<input type="checkbox"/> Contract		
<input type="checkbox"/> Grant		
<input type="checkbox"/> Employer		
<input type="checkbox"/> Other		

3. Date of work activities: From _____ to _____
4. **If additional employment**, amount of compensation: _____

I, _____ agree to abide by the terms and conditions of the Other Employment Policy. I additionally agree to notify my supervisor if the conditions for additional or outside employment change beyond what has been presented herein.

Employee Date

Budget Coordinator/Supervisor of hiring department
(additional employment only) Date

Department Chairperson or Director Date

Dean Date

Vice President Date

Human Resources Date

For use by Human Resources only.	FICA	Social Security	MOSERS	CURP
	\$	\$	\$	\$