

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 for the regular full-time MWSU position (i.e., # of courses, credit hours) for the period of additional or outside employment requested. (Provide attachment if more space is needed.)

2. Funding source for the additional/outside employment:

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. Expected number of hours per week: _____
5. **If additional employment**, amount of compensation: _____

I, _____ agree to abide by the terms and conditions of the Additional/Outside 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
	\$	\$	\$	\$