

IMSA Outside Employment Request Form

Name:

Date:

Title:

Department:

I hereby request approval to engage in outside employment as described below:

Position Title:

Organization:

Job Duties:

Time required for employment:

Please initial next to each of the following statements and then sign below to express acknowledgement and understanding of the policy.

I understand IMSA policy requires prior approval for my engaging in any form of outside employment or business opportunity, for myself or another employer. Initial:

I understand that using IMSA equipment, materials, or intellectual property for outside employment is strictly prohibited. Initial:

I understand that in order to engage in outside employment, I must receive approval from my supervisor and Human Resources in advance of performing such outside employment, and that the approval may be withdrawn at any time. Initial:

I understand and agree that my outside employment must be suspended if my work status with IMSA is sick leave, FMLA leave, workers compensation leave or restricted duty. Initial:

I understand and acknowledge this outside employment cannot occur during or interfere with my regular work hours. Initial:

I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment. Initial:

Employee Signature_____

Date: _____

DEPARTMENT DIRECTOR ACTION

☐ Request Approved

☐ Request Denied

Comments or Special Conditions:

Supervisor Signature:_____

Date:_____

HR Representative Signature:_____

Date:_____

Forward completed form to the Human Resource Department.