

## REQUEST FOR OUTSIDE EMPLOYMENT FORM

Date:	
Employee name:	
Department:	Title:
I hereby request approval to engage	in outside employment as described below:
Nature of employment:	
form of outside employment or busin would conflict or interfere with my job understand that using company equi prohibited. I understand that in order	community College's policy forbids me from engaging in any less opportunity, for myself or another employer, which o, especially while on company time. Additionally, I pment or materials for outside employment is strictly to engage in outside employment, I must receive approval President in advance of performing such outside may be withdrawn at any time.
I understand that failure to comply wi including termination of employment.	ith the policy could result in disciplinary action up to and .
Employee Signature	Date
Immediate Supervisor Signature	Date
Vice President Signature	Date
PRESIDENT ACTION	
Request ApprovedRequest Del	nied
Comments or Special Conditions:	
President Signature	Date

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Waunita Roberts Jones, Executive Director of Human Resources, Stauffer-Wood Administration Building, Suite 144, Office 145, P. O. Box 668, Moorhead, MS 38761, 662-246-6309; EEOC@msdelta.edu.

Forward completed form to the Human Resource Department.