

Outside Employment Request

City of South Padre Island
4601 Padre Blvd.
South Padre Island, TX 78597
Phone: (956) 761-8102
Fax: (956) 761-3888

Requester

Employee Name: _____

Department / Division: _____

I request your consideration for outside employment. I have read and understood the City policy with regard to outside employment and I further understand that my commitment to responsibilities of employment with the City of South Padre Island must be my first priority. I also understand that if the need arise, my approval for outside employment may be rescinded at anytime.

Employee Signature

Type of Employment

Full-Time Part-Time Temporary

Type of Work:
(Specify details of type of work)

Work Schedule
(Times & Days):

Approval

1. Recommended Not Recommended

Department Director Signature

2. Approved Denied

City Manager Signature

Employer Information

Employer:

Address:

This approval is good for one year from the date issued below, unless a shorter date is designated. If outside employment continues past this date, an approval form must be re-submitted in order to not be in violation of the personnel policy.

Date Issued: _____

Expiration Date: _____