

## REQUEST TO ENGAGE IN OUTSIDE EMPLOYMENT

Name:	Classification:
Supervisor:	Department:
EMPLOYMENT INFORMATION	
Name of Prospective Employer:	Telephone #:
Address of Worksite (if multiple locations, please provide address of main office):	
Position:	
Anticipated Start Date:	Anticipated End Date:
Detailed description of duties to be performed:	
Days/hours work to be performed:	Ave. hours/month:
Employee's Signature	 Date
DEPARTMENT HEAD REVIEW/APPROVAL	
Anticipated affect of additional employment based upon criteria contained in City of San Rafael	
Policies and Procedures, Policy No. 140.07:	
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Comments (if request is denied):	
☐ Approved ☐ Not approved	☐ Revoked (Date:)
Department Head's Signature	 Date