



Permission for Outside Employment

EMPLOYEE NAME: _____

ADDRESS: _____

TO BE EMPLOYED BY: _____

EMPLOYER'S ADDRESS: _____

DESCRIPTION OF EMPLOYMENT: _____

CERTIFICATION STATEMENT

I, _____, do hereby certify that external employment or consulting responsibilities will not encroach upon the quality or the quantity of the work I am employed to perform for the College of Coastal Georgia, who is my primary employer. In addition, I have discussed all potential conflicts of interest with my first-line supervisor, reviewed the College's policy concerning outside activities, and agree to comply with its provisions. Finally, I understand that, if approved, this request for outside employment will be effective for a period of one (1) year from the date of approval. Continued employment beyond that period will require submission of a new outside employment request.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR

DATE

RESPONSIBLE CABINET OFFICER

DATE

PRESIDENT

DATE

Copy to: Employee
Responsible Cabinet Officer
Asst. VP of Human Resources and
Auxiliary Services