

RICHLAND COUNTY BOARD OF COMMISSIONERS

REQUEST FOR OUTSIDE EMPLOYMENT

Employee Name: _____

Department: _____ Position: _____

Please accept this as my request for outside employment pursuant to Richland County Board of Commissioners Policy 7.13.

Employer Name: _____

Employer Address: _____

Telephone Number: _____ Supervisor: _____

Weekly Schedule: _____ # of Hours/Week: _____

Type of Work Performed: _____

By making this request for authorization to work outside employment, I understand the following:

1. I am not to work outside employment until I have received written approval of my request;
2. If approved, this request may be rescinded at any time pursuant to Policy 7.13; and
3. I am not considered a representative of Richland County while working outside employment.

Employee Signature Date

TO BE COMPLETED BY EMPLOYER

DEPARTMENT HEAD: _____ BOARD OF COMMISSIONERS: _____

Date _____

