

FLORIDA STATE UNIVERSITY STATEMENT CONCERNING OUTSIDE EMPLOYMENT A&P/USPS/OPS

282 Champions Way PO Box 3062410 Tallahassee, FL 32306-2410 Phone: (850) 644-6034 Fax: (850) 645-4670

- It is understood that this employment will not interfere with my regular work and is consistent with the laws and regulations of the State of Florida, the Board of Governors, and Florida State University, and will not involve a conflict of interest or use of any of my official connection with the University.
- I understand I am required to disclose to Florida State University any other employment information for which I am being paid wages.
- I understand I must submit a new request for approval when any changes occur in my outside employment information.

Employee Name		Employe	ee ID	
Title		Mail Cod	le	
Department				
If you <u>do not</u> have outside employment, complete <u>Section 1</u> . If you <u>do</u> have outside employment, complete <u>Section 2</u> .				
Section 1: I do not have outside employment.				
Employee Signature		Date	Date	
STOP HERE if you DO NOT have outside employment.				
Section 2: I have outside employment with another State Agency/University. I have outside employment with an employer other than a State Agency/University.				
Scheduled Florida State University workdays & hours:				
Total hours per week:				
Name of ampleyor	OUTSIDE EMPLOYMENT INFORM	AIION		
Name of employer Address of employer				
Address of employer				
Nature of employment				
Start date of employment	*Te	rmination date		
Outside workdays and hours	1.5			
Total hours per week				
I certify to the above and hereby request permission to engage in outside employment.				
Employee Signature			Date	
Supervisor Signature App		Approved	Date	
Supervisor Name				
Chairman/Dept. Head Signature		Approved	Date	
Chairman/Dept. Head Name				
President/Provost/Vice President/Dean Signature		Approved	Date	
President/Provost/Vice President/Dean Name				
After all approvals are complete, please submit the form to Renisha Gibbs, Associate Vice President for Human Resources, through Docusign for review and consideration. Please add hr-recordsrequest@fsu.edu with "receives a copy" when setting the signing order to ensure a completed copy is sent to the electronic personnel file. A completed copy can also be returned to the department using Docusign.				
AVP/Chief Human Resources Officer Signature			Data	

Noted **Date**