

CITY OF OMAHA
REQUEST FOR APPROVAL FOR OUTSIDE EMPLOYMENT OR ACTIVITY

Date: _____

1. Last Name _____ First Name _____ M I _____
 Job Title _____ Department _____ Work Phone _____

2. Outside Employer or Activity: If self employed or contractual check this box.
 (a) Company Name _____
 (b) Name of person who hired you: _____ (c) Telephone No.: _____
 (d) Address: _____ (e) Type of Business: _____

3. (a) Describe the nature of the outside employment. _____
 (b) What are the hours of your City position? _____
 (c) What hours and days will you engage in this employment or activity? _____
 (d) Beginning dates: _____ End dates: _____
 (e) At what location will your outside employment or activity be performed? _____
 (f) List other outside employment or activities you now hold. (If none, so state.) _____

4. READ THIS REQUEST AND YOUR ANSWERS CAREFULLY BEFORE SIGNING.

I certify that the foregoing answers are true, complete, and correct to the best of my knowledge and belief. I understand that any intentional misstatement of material facts may result in disciplinary action and the rescinding of this request. I UNDERSTAND that this outside employment shall continue so long as the outside employment remains substantially the same, unless revoked by the department director. If such outside employment substantially changes, it is my responsibility to submit a new application for approval.

Employee Signature: _____

5. ADMINISTRATIVE REVIEW

The nature of the outside employment or activity specified above does not conflict with the interests of the City, neither should it interfere with the efficient performance of the employee's duties with the City. Based on these conclusions, it is recommended that this request be:

| | | | |
|--------------------------------|------------------------------------|--------------|------|
| Approved _____ | | | |
| Not Approved _____ | | | |
| Approved w/Restrictions* _____ | Division Head Signature | Printed Name | Date |
| Approved _____ | | | |
| Not Approved _____ | | | |
| Approved w/Restrictions* _____ | Department Head Signature | Printed Name | Date |
| Approved _____ | | | |
| Not Approved _____ | | | |
| Approved w/Restrictions* _____ | Human Resources Director Signature | Printed Name | Date |

If this request is denied by the Department Head or Human Resources Director, the employee may appeal the decision to the Personnel Board which may review and reverse said decision.

6. PERSONNEL BOARD REVIEW (if required)

Approved _____

Approved _____ Not Approved _____ With Restrictions* _____ Date _____
 Personnel Board

REMARKS: _____

*(Attach additional sheet if necessary)