LEE COUNTY
SOUTHWEST FLORIDA

LEE COUNTY
OUTSIDE EMPLOYMENT FORM

Employee Name:		**Department/Division:**	
EE ID#:		**Title:**	**Date:**

Please tell us about the outside employment you are requesting:

Company Name:		**Address:**	
Supervisor's Name:		**Phone:**	
Hire Date:		**Days/Hours:**	
Title:			

Describe Duties:

Employee Certification:

This is to request approval to obtain or maintain outside employment as described above. I have read and I understand the Lee County Outside Employment Policy 308. This position in no way conflicts or interferes with my position with Lee County. I understand that this authorization may be revoked if, at any time in my supervisor's determination, the outside employment adversely affects my performance with Lee County. If any significant changes occur with my duties and/or responsibilities associated with this request, I will complete another outside employment form. Finally, I will notify my supervisor and the Department of Human Resources, in writing, upon termination of this position or activity.

_____

Employee Signature Date

Supervisor and Department/Division Director Review

☐ Approved ☐ Denied	_____	_____	
	Supervisor's Signature	Date	Print Supervisor's Name
☐ Approved ☐ Denied	_____	_____	
	Director's Signature	Date	Print Director's Name

Forward original form to Human Resources.

Revised 10/02