



# Monmouth County Outside Employment Reporting Form

In compliance with the Monmouth County Outside Employment Policy, this form is to be completed and submitted annually. Failure to complete all information will cause the request to be returned.

## ALL EMPLOYEES PLEASE COMPLETE SECTIONS I – III

### Section I – Monmouth County Employment Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Days/Hours of Work: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### Section II – Outside Employment

**Information:** Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Nature of Employment/Job Description: \_\_\_\_\_

What is your work schedule (i.e., days worked, hours per day, hours per week)? \_\_\_\_\_

Will your outside employment conflict with your County work schedule? Yes No

Are you an employee of the company, independent contractor or owner? \_\_\_\_\_

Does this company conduct business with Monmouth County (past, present, future)? Yes No

Is your outside employment being performed for or with any other Monmouth County employee or Official?

Yes No If yes, who: \_\_\_\_\_

Does this outside employment involve having contact with other Monmouth County agencies, consultants or

vendors? Yes No If yes, who: \_\_\_\_\_

Have you ever had professional interaction with this employer in your role as a Monmouth County

employee? Yes No If yes, please explain: \_\_\_\_\_



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### Section III – Certification and Employee Signature:

*I hereby notify Monmouth County that I am currently engaged or planning to engage in outside employment as described above. I understand that this form must be completed annually and whenever there is a change in my outside employment status. I further understand that in order to engage in outside employment, I must receive approval from my Department Director and County Administrator or their Designees in advance of performing such outside employment, and that the approval may be withdrawn at any time. I also understand that if I am on an approved leave of absence from my County employment for any reason, including but not limited to, medical leave or workers’ compensation leave, I may not engage in any form of self-employment or perform work for any other employer during that leave, except when the leave is for military or other authorized public service.*

*I understand that failure to obtain prior approval for outside employment, or engaging in outside employment when such approval has been denied, may result in disciplinary action.*

*I certify that this form contains no factual misstatement(s) or omission of material fact(s) and that any future outside employment will be reported before I engage in such activity.*

*I understand that outside employment is approved with the condition that it does not create any conflict with my duties, responsibilities, and work schedule as a County employee.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV – Management Approval:

**Department Director/Designee Action:**                      Approved                      Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Director/Designee Action:**                      Approved                      Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**County Administrator/Designee Action:**                      Approved                      Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V – Completed Form Forwarded to Human Resources:

HR Date Received: \_\_\_\_\_

HR Date Filed: \_\_\_\_\_

HR Signature: \_\_\_\_\_