



MUNICIPALITY OF MONROEVILLE

“Equal Opportunity Municipality”

Form 7000



Request for Outside Employment

NAME _____ DEPT. _____

1. Municipal Employment:

Position Title: _____

Normal Working Hours: _____

Is Overtime Required: _____

Description of Duties: _____

2. Outside/Self Employment:

Name of Organization: _____

Address: _____

Immediate Supervisor: _____

Telephone Number: _____

Position Title: _____

Normal Working Hours: _____

Is Overtime Required: _____

Description of Duties: _____

Eligible Benefits: _____ Medical _____ Workman’s Comp _____ Disability Ret.

I certify that the above is a true and correct representation of the employees’ duties and working hours.

Signature of Outside Employer

Title

3. Employee Certification:

I understand that by taking this secondary employment, the following conditions exists:

A. Any conflict in hours of work will be decided in favor of and at the discretion of the Municipality of Monroeville through my supervisor.

B. If injured or sick as a result of this secondary employment, no claim will be made against the Municipality of its insurance carriers, and the Municipality will consider such lost time as time off without pay.

C. The Municipality may, at its own discretion, terminate my Municipal employment if the secondary employment interferes with completion of my Municipal duties resulting in neglect, inefficiency, or violation of any official duty or assignment.

D. I certify that all the statements I have made in Sections 1 and 2 are correct and true.

Signature of Employee

Date

4. Department Head Recommendation:

I recommend approval of outside employment for the above named individual. This secondary employment in no way interferes with the hours of employment and working conditions that the individual has agreed to by being employed with the Municipality of Monroeville.

Signature of Department Head

Date

5. Approval:

_____ I approve secondary employment for the above named individual under the conditions listed above.

_____ I disapprove for the following reasons: (Reasons must be listed)

Signature of Municipal Manager

Date

6. Approval for Department Heads ONLY:

Council Action was taken on:

DATE: _____

See Resolution Number:

#: _____

****PLEASE NOTE: A separate form is required for each outside position taken.**