Name:_____

Do you engage in employment outside of Clay County Utility Authority? (YES) (NO)

If you answered yes, please answer question 1 and 2 below:

1. Place and/or nature of employment: _____
2. Hours/Days worked per week: _____

I understand that Clay County Utility Authority policy forbids employees from engaging in any form of outside employment or business opportunity which would conflict or interfere with their position. Additionally, I understand that using company equipment or materials for outside employment is strictly prohibited. I understand that in order to engage in outside employment, I must notify the Director of Human Resources and receive approval from the Executive Director in advance of performing such outside employment, and that the approval may be withdrawn at any time. I also understand and agree that my outside employment must be suspended if my work status with Clay County Utility Authority changes (i.e: sick leave, FMLA leave, workers compensation leave or restricted duty) I understand that failure to comply with this policy could result in disciplinary action up to and including termination of employment.

_____ _____

Employee signature Date

Executive Director Approval:

____Request Approved ____Request Denied

Additional Comments:

_____

_____

_____ _____

Executive Director Signature Date