



# SAMPSON COUNTY EMPLOYEE REQUEST TO ENGAGE IN OUTSIDE EMPLOYMENT

## Part I: Information and Certifications (to be completed by employee)

Employee Name: _____	Employee No. _____	
Title: _____	Department: _____	
Name of Other Employer: _____		
Address: _____	City/Zip/County: _____	
Hours Per Week: _____	Days Per Week: _____	Hours Per Month: _____
Basic Job Duties: _____		
<i>I certify that I have read and understand the policy on outside employment. Outside employment will not constitute a conflict of interest with my County employment. I further understand that this approval is valid until withdrawn, or until my outside employment changes.</i>		
<i>I certify above-referenced employment is outside of my assigned duties and scheduled work hours and as such, I hereby waive any rights to Workers' Compensation associated with outside employment and release Sampson County from any claims or liabilities which may result from such outside employment.</i>		
_____	_____	
Employee Signature	Date	

## Part II. Considerations (to be completed by Dept. Head, or in case of Dept. Head request by County Manager)

Length of departmental service: _____	Attendance (Good/Fair/Poor) _____	
Comments: _____ _____		
Approved	Disapproved	Reason for disapproval: _____
_____	_____	
Signature of Department Head	Date	

## Part III. Termination of Outside Employment

Date outside employment terminated: _____	
_____	
Employee Signature	Date