

COUNTY OF VENTURA
OUTSIDE EMPLOYMENT APPROVAL REQUEST

EMPLOYEE NAME: _____ DATE: _____

CLASSIFICATION: _____

DEPARTMENT: _____ DIVISION: _____

INSTRUCTIONS:

Article 19 of the Ventura County Personnel Rules and Regulations requires that written notification be given to your Agency/Department Head for: 1) All regular outside employment; and 2) For all occasional outside employment in excess of eight hours in any one week. An Agency/Department Head may order an employee to cease outside work if such violates the Personnel Rules and Regulations. Submit all copies of this request form to your Supervisor.

EMPLOYMENT INFORMATION:

NAME OF OUTSIDE EMPLOYER: _____

ADDRESS: _____ TELEPHONE: _____
NUMBER STREET CITY ZIP CODE

TYPE OF BUSINESS: _____

SPECIFIC DUTIES TO BE PERFORMED: _____

HOURS OF EMPLOYMENT: _____ DAYS OF EMPLOYMENT: _____

EXPECTED DURATION OF EMPLOYMENT: _____ WILL A COUNTY UNIFORM BE WORN?: _____

CERTIFICATION:

I certify that this employment is not a conflict of interest, will not reflect unfavorably on my Agency/Department or the County of Ventura, and that this work will not be so fatiguing that it will impair my ability to perform my regular duties for the County. I understand that I am required to advise the County and to request additional approval if changes in duties, hours, days, or duration of employment occur.

SIGNATURE OF EMPLOYEE

DISPOSITION: (THIS SECTION TO BE COMPLETED BY DIVISION CHIEF AND AGENCY/DEPARTMENT HEAD)

Request Approved Request Denied

DIVISION CHIEF SIGNATURE

AGENCY/DEPARTMENT HEAD SIGNATURE