

Atlantic Cape Community College
Outside Employment Form
College Policy #103
<http://www.atlantic.edu/about/policy/103.html>

Employee Name _____ CID# _____

Position title _____

Do you currently hold outside employment? Yes _____ No _____

If yes, name of part-time employer _____

Part-time employer phone number _____

Address _____

Type of part-time work to be performed _____

Licenses/other governmental authorization necessary to perform the planned outside employment.

Dates/hours the planned outside employment will be performed.

Employee Signature _____ Date _____

Supervising Dean or
Vice President _____ Date _____

Note: This form is required as part of the state commission of higher education's "code of ethics pertaining to conflicts of interest for college employees". Code of ethics is policy #803
<http://www.atlantic.edu/about/policy/803.html>