

Atlantic Cape Community College
2007-2008 Outside Employment Form

Employee Name _____ EID# _____

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
Executive Director _____ 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 and can be found on our Website.

Please complete and return to Human Resources by Wednesday, October 31.