

APPLICATION FOR APPROVAL OF OUTSIDE EMPLOYMENT
(A separate application must be submitted for each outside employment)



INSTRUCTIONS:

Applicant type or print original, submit to supervisor for approval. If approved by supervisor, submit to Appointing Authority or Commissioner Designee for approval. Original to file, copy to applicant indicating approval or disapproval.

1. Full Name:	2. Home Address
3. Payroll Title and Grade:	4. Facility or Office:
5. (a) Regular Work Schedule: From AM to AM PM PM	5. (b) Regularly Scheduled Work Days:

6. (a) Nature of outside employment for which you are requesting approval:

6. (b) Have you been designated a policy-maker?
 Yes No
 If "Yes," is the annual compensation expected to be greater than \$5,000?
 Yes No
 (If "Yes," please complete [Joint Commission on Public Ethics \(JCOPE\) Outside Activity Form](#))
If you previously received JCOPE (or former Ethics Commission) approval for your outside employment, and neither your State duties nor your outside employment has changed, please attach a copy of the Commission's approval letter in lieu of JCOPE Outside Activity Form

7. List other outside employment(s) in which you are currently engaged:

8. (a) Name and location of the person or organization for whom you will perform outside work:	(b) If you will be engaged in private practice of a profession, provide location of your office, clinic, or other facility:	(c) Days and hours during which you will be engaged in outside employment:

I certify that I have received, read and understand the Office of Mental Health policy on outside employment, Section OM-350 of the Office of Mental Health Policy Manual, and that the statements or responses made above are correct and complete. I understand that my outside employment must not interfere with or present a conflict of interest or a conflict of commitment with my Office of Mental Health employment. I will not use any State resources, time or equipment to support my outside employment. I acknowledge my responsibility to report any changes in this information to my supervisor and the Facility Director (for facility employees) or the Director of Central Office Personnel (for Central Office employees).

Date
Signature of Applicant

SUPERVISORY APPROVAL:

I have assessed the potential impact of the requested outside employment on Office of Mental Health business needs and employee assignments, and have determined that, as described, the proposed outside employment should not interfere with or present a conflict of commitment or a conflict of interest with the employee's official duties and responsibilities.

Date
Signature of Supervisor

APPOINTING AUTHORITY OR COMMISSIONER DESIGNEE APPROVAL:

Outside employment approval may be revoked or modified if it is subsequently determined that the outside activity interferes with or creates a conflict of commitment or a conflict of interest. No State time or resources may be used to support the outside activity including telephones, office supplies, photocopying, computers or staff assistance.

Approved Comments/Additional Restrictions
 Disapproved :

Date
Title
Signature of Appointing Authority or Commissioner's Designee