

# MILITARY DEPARTMENT DISCLOSURE/REQUEST FOR OUTSIDE EMPLOYMENT FORM

## EMPLOYEE INFORMATION

|                        |      |                    |
|------------------------|------|--------------------|
| Name (Last, First, MI) |      | Personnel Number   |
| Division               | Unit | Job Classification |
| Work Phone Number:     |      | Work Email Address |

## INFORMATION REGARDING OUTSIDE EMPLOYMENT

|  |   |
|--|---|
| Name of Outside Employer or Organization   |   |
| Business & Occupation #:   | Tax ID #  |
| Address of Outside Employer:   | Location of Outside Employment (if different from mailing address): |
| Job Title  | Business e-mail address:  |
| Name of Immediate Supervisor   | Supervisor Contact Information (phone and e-mail)                   |
| Describe the Outside Employer's business:  |   |
| Describe the specific job duties you will perform for this outside employer, or attach a current position description (preferred): |   |
| Average weekly paid or volunteer hours worked  | Average weekly paid or volunteer hours worked                       |

Please check YES or NO for the questions. If you answer YES" to any of the above questions, please explain your affirmative response(s) either on this form, or attach a separate signed statement explaining your response.

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this outside employer a client or customer of WMD and/or any of its divisions?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does this outside employer do business with, or try to influence, WMD or other state government policies (i.e. lobbying)?               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Would this outside employment involve paid activities which are normally a part of your WMD duties?                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you know of any other factors which could create an actual, or perceived by others, conflict of interest with your state employment? |

Yes  No

Does this outside employer conduct operations, or activities, which are regulated by WMD?

Explanation for areas in which you marked yes on the previous page (attach additional pieces of paper if necessary).

By my signature, I certify that this information is true and complete to the best of my knowledge. I also certify that I have read and understand Washington Military Department Policy #HR-241-02 pertaining to WMD State Employees engaging in Outside Employment. Further, I understand this outside employment report will be placed in both my personnel and payroll files.

Name:

Date:

### APPROVAL PROCESS

| Office / Function | Recommendation   | Signature | Date |
|-------------------|--|-----------|------|
| Supervisor        | <input type="checkbox"/> Approval<br><input type="checkbox"/> Approved with noted conditions<br><input type="checkbox"/> Disapproval |           |      |

Comments:

|         |  |  |  |
|---------|--|--|--|
| Manager | <input type="checkbox"/> Approval<br><input type="checkbox"/> Approved with noted conditions<br><input type="checkbox"/> Disapproval |  |  |
|---------|--|--|--|

Comments:

### APPROVAL

|              |  |  |  |
|--------------|--|--|--|
| EMT Director | <input type="checkbox"/> Approval<br><input type="checkbox"/> Approved with noted conditions<br><input type="checkbox"/> Disapproval |  |  |
|--------------|--|--|--|

Comments:

|             |  |  |  |
|-------------|--|--|--|
| HR Director | <input type="checkbox"/> Approval<br><input type="checkbox"/> Approved with noted conditions<br><input type="checkbox"/> Disapproval |  |  |
|-------------|--|--|--|

Comments:

|  |  |  |  |
|--|--|--|--|
| Director (TAG) Review<br>(if required) | <input type="checkbox"/> Approval<br><input type="checkbox"/> Approved with noted conditions<br><input type="checkbox"/> Disapproval |  |  |
|--|--|--|--|

Comments:

cc: Payroll file  
Personnel file