

TALLAHASSEE COMMUNITY COLLEGE AUTHORIZATION FOR OUTSIDE EMPLOYMENT

Must be submitted and approved annually

Employee Name:		De	Department/Division:			
PID# Title:			Date:			
Please tell us about the outside employment you are requesting:						
Company Name:		Add	Address:			
Supervisor's Name:						
Title:		Pho	Phone:			
Hire Date:		Day	Days/Hours:			
Is this a non-recurring employment request? ☐ yes ☐ no			Will this employment be for six months or less? □ yes □ no			
Describe Duties:	-	•	-			
Employee Certification:						
I certify that I have read pertinent provisions of section 112.313, Florida Statues, and that there is no conflict of interest between my employment at the College and the outside employment requested above. This outside employment shall not interfere with my work assignment as a College employee.						
I also certify that I shall not claim to be the College name, logo, or other offic Trustees.						
Employee Signature	Da	ate	_			
Supervisor Approval:						
I understand the College policy regardi including an annual review of the outside					nent for this employee,	
Supervisor Signature Da		Date	_			
	Appro	oved	Denied		Date	
Second Level Superviso	or					
	Appro	oved	Denied		Date	
Vice President						
Human Resource Approval:						
			A	.d		
			Approve –	u		
Human Resource Director (or designee)	Signature Date		Denied			
Approved by Board at meeting held of the College should submit an ap		nnual ba		s working in ad	ditional positions outside	