



Request for Outside Employment
See Instructions Below

I, _____ Employee ID#: _____

Current Position: _____ Department: _____

REQUEST APPROVAL TO ACCEPT OUTSIDE EMPLOYMENT AS FOLLOWS:

Name of Outside Employer: _____

Address: _____

Job Responsibilities of Outside Employment: _____

Supervisor (if applicable): _____

Number of Hours Requested: _____

Faculty Employees: Attach a copy of your teaching schedule and office hours.

Staff Employees: Indicate work hours and days below

Days of Week

Time(s)

M [] T [] W [] TH [] F [] SA [] SU [] ONLINE []

I certify that the above information is accurate. Additionally, I certify that the above request will not in anyway interfere with my full-time duties and responsibilities and/or related assignments at Norfolk State University. I understand that any deviation from the above request must be re-evaluated by the appropriate university officials.

Signature (Originator): _____ Date: _____

Approvals

Supervisor: _____ Date: _____ Approved Disapproved

Department Chair/Director: _____ Date: _____ Approved Disapproved

Dean/Director/VP (If applicable): _____ Date: _____ Approved Disapproved

President: _____ Date: _____ Approved Disapproved

Associate Vice President Human Resources: _____ Date: _____ Approved Disapproved

If approved, request approved for period: Beginning: _____ Ending: _____