



Classified/Operational Outside Employment Agreement

Name (Last, First):

Banner ID:

Nature of outside employment:

Name of employing entity:

I affirm that:

- 1. This employment will not interfere with my regular work for the university.
- 2. This employment will not involve the use of university facilities or equipment.

Termination date of outside employment (annual approval required):

Amount of time (in hours) devoted monthly to above employment:

Currently engaged in other outside employment? **No** () **Yes** ()

If yes, total amount of time devoted monthly :

Certification: I understand I must take personal leave for any time I spend on outside employment during my regular work hours. I also understand that permission to engage in outside employment can be denied or canceled if the outside employment unduly interferes with my work or that of the University.

Employee Signature:

Date:

Supervisor Signature:

Date:

Please send this completed and signed form to the University Human Resources via AskHR@wm.edu