**CIVILIAN EMPLOYEE REQUEST FOR OUTSIDE EMPLOYMENT**

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| **To be completed by Requesting Employee** | | | |
| **Employee Name:** |  | **Personnel Number:** |  |
| **Assigned SCDPS Division:** | Choose an item. | | |
| **Name of Business:** |  | | |
| **Nature of Outside Employment:** |  | | |
| **Actual Hours to be Worked:** |  | | |
| This employment will be on a part-time basis and will occur outside of department duty hours. Unless approved, this outside employment shall not use department facilities, funds, supplies, personnel, services, time, or resources.    The department has the authority to withdraw permission to engage in outside employment if it is determined to violate department policy or if it impacts the performance of departmental duties. Refusal to cease outside employment after being ordered to do so by the director or his/her designee may result in disciplinary action or termination from SCDPS.   |  |  |  |  | | --- | --- | --- | --- | | Employee Signature |  | Date: | Click or tap to enter a date. | | | | |

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| **To be completed by Requesting Employee’s Division Director or Director** | | |
| **Division Director/Director** | **Approved** | **Denied** |
| |  |  |  |  | | --- | --- | --- | --- | | Signature |  | Date: | Click or tap to enter a date. | | | |

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| **For Withdrawals Only**  **To be completed by Requesting Employee’s Division Director or Director** |
| **Permission to engage in outside employment is hereby withdrawn.**   |  |  |  |  | | --- | --- | --- | --- | | Signature |  | Date: | Click or tap to enter a date. | |

**NOTE:** This form shall be completed by **civilian** **employees** **not assigned to a law enforcement division** interested in outside employment. Copies of all outside employment forms shall be forwarded to the Office of Human Resources for tracking and filing.