



TALLAHASSEE STATE COLLEGE
AUTHORIZATION FOR OUTSIDE EMPLOYMENT

Employee Name: Department/Division:
PID# Title: Date:

Please tell us about the outside employment you are requesting:

Company Name: Address:
Supervisor's Name:
Title: Phone:
Hire Date: Days/Hours:
Is this a non-recurring employment request? Will this employment be for six months or less?
Describe Duties:

Employee Certification:

I certify that I have read pertinent provisions of section 112.313, Florida Statutes, and that there is no conflict of interest between my employment at the College and the outside employment requested above.
I also certify that I shall not claim to be an official College representative in connection with this outside employment, that I shall not utilize the College name, logo, or other official documents of the College without specific approval of the President and the District Board of Trustees.
Employee Signature Date

Supervisor Approval:

I understand the College policy regarding outside employment and my responsibility in approving outside employment for this employee, including an annual review of the outside employment as part of the employee evaluation/appraisal process.
Supervisor Signature Date
Second Level Supervisor Approved Denied Date
Vice President Approved Denied Date
Human Resource Approval:
Human Resource Director (or designee) Signature Date

Approved by Board at meeting held on . Approval shall be ongoing as long as the employment remains unchanged.

Forward original form to Human Resources.