

MOHAVE COUNTY SUPERIOR COURT
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OUTSIDE EMPLOYMENT REQUEST

TO: MOHAVE COUNTY SUPERIOR COURT PERSONNEL MANAGER

FROM: _____
Name Department

SUBJECT: OUTSIDE EMPLOYMENT

Request to engage in the following outside employment:

Name of Employer Address of Employer

Hours of work: _____

Description of work or duties: _____

I understand that this request for outside employment may be granted provided it does not: 1) potentially involve liability for the Superior Court, or create a potential or actual conflict of interest with my official job responsibilities; 2) require an amount of time or effort that prevents the rendering of good service to the Court; and 3) interfere with the performance of my job responsibilities including my ability to work overtime, on-call or call-back work when requested to do so. I understand that if my outside employment presents a conflict of interest or interferes with my Court position, that I will be required to make a decision in work preference.

I understand that I must report any change in the status of my outside employment to my Division Head. I also understand that I must report any injury occurring during my outside employment to my Division Head and any such injury or illness resulting from the outside employment will not be covered by the Superior Court workers' compensation program but rather the workers' compensation insurance of the outside employer.

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Division Head: _____ Date: _____

Signature of Personnel Manager: _____ Date: _____