



MOTLOW STATE COMMUNITY COLLEGE

OUTSIDE EMPLOYMENT AND EXTRA COMPENSATION REQUEST

NAME: _____

TITLE: _____

DATE: _____

Instructions:

Prior to engaging in any outside employment or business activity, all employees classified as full-time faculty, administrators, and professional staff must submit this form through appropriate administrative channels for approval.

I propose to engage in the following outside employment or continuing business activity:

Period of Outside Employment:

I certify that the outside employment or business activity will not interfere with my assigned duties and responsibilities at Motlow College and is not otherwise in conflict with the provisions of TBR/MSCC Policy No. 5:01:05:00.

Signed: _____

FORWARDING APPROVALS:

Recommended by Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Vice President: _____ Date: _____

Approved

Disapproved - Explanation _____

Original will be retained in Human Resources