

REQUEST TO PERFORM OUTSIDE EMPLOYMENT OR CONSULTANT SERVICES

I hereby request that my proposed outside employment or providing of consultant services be approved by SEDL:

DESCRIPTION OF PROPOSED OUTSIDE EMPLOYMENT/CONSULTANT SERVICES:

AGENCY: _____

ADDRESS: _____

DATES OF PROPOSED OUTSIDE EMPLOYMENT/CONSULTANT SERVICES: _____

WILL COMPENSATION BE RECEIVED? ____ Yes ____ No

PROPOSED DISPOSITION OF COMPENSATION: ____ To SEDL ____ To Staff Member

To the best of my knowledge and belief, the proposed outside employment/consultant services described above do not represent a conflict of interest as defined in SEDL's policies 10.05. The proposed services will be performed:

____ not during the staff member's scheduled SEDL working hours.

____ during the staff member's approved SEDL vacation leave or personal holiday leave (see attached approved leave request).

____ while on Leave of Absence Without Pay from SEDL (see attached approved appropriate request).

____ during the staff member's scheduled SEDL working hours (all compensation to be received must be assigned to SEDL).

Staff Member's Name: _____

Staff Member's Signature: _____

SEDL Unit: _____

Date: _____

Approval Recommended:

Budget Authority

Date: _____

Approved/ Disapproved:

President & Chief Executive Officer

Date: _____