



Request for Outside Employment

Annual

Semester

Employee ID: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

VSCC Title: _____

Department/Division: _____

I am requesting permission to accept the following outside employment while employed with Volunteer State Community College. This request is made in accordance with the VSCC Policy V:01:20, Outside Employment and Extra Compensation.

Name of Outside Employer:	
Address:	
Phone:	
When will you work for your other employer (Days & Times)?	
Anticipated Time Commitment (average number of hours per week)?	
Description of Activities:	

I have reviewed Volunteer State Community College's Policy on Outside Employment and Extra Compensation and will comply with the provisions contained therein. I understand that this request must be renewed annually or by semester, if applicable.

Signature: _____ Date _____

Approved Denied

Department Head _____ Date _____

Dean _____ Date _____

Vice President _____ Date _____

President _____ Date _____

IF DENIED, CHECK REASON:

- Conflicts with normal working assignments and responsibilities.
- Interferes with assigned duties and responsibilities or with College operations.
- Violates TCA 49-5-410 Conflict of Interest Unreasonable time commitment
- Other: _____