

EMPLOYEE NOTIFICATION OF OUTSIDE EMPLOYMENT ACTIVITIES

You are being asked to provide to [COUNTY NAME] information concerning outside employment activities. This information should be submitted to your department head for review and a copy will be kept in your personnel file in the Department of Human Resources. [CITE COUNTY RULE OR POLICY] requires all employees to inform their department head if they are anticipating participating or are participating in any employment, private business, or in the conduct of a profession, such as an accountant performing income tax preparation, during the hours an employee is hired to work for the County, or outside of such. The purpose of collecting such information is to permit the County to determine whether such outside employment creates an actual or perceived conflict of interest for the employee so as to preclude the employee from engaging in that outside employment or otherwise restricting or regulating the employee's duties or outside employment.

As stated in [CITE COUNTY RULE OR POLICY], you are required to provide this outside employment information if you engage in such activities. If you refuse to supply this information and engage in such outside employment, you may be subject to disciplinary action for failure to comply with the [CITE COUNTY RULE OR POLICY]. If your department head believes that there is a conflict of interest so as to preclude you from engaging in such outside employment, the [POSITION TITLE OF COUNTY AUTHORITY, such as County Administrator] may be asked to authorize or disallow such employment. An employee dissatisfied with that decision may appeal the determination to the County Board, which is the final authority for such a decision.

The information you provide concerning outside employment is classified as private personnel data under Minnesota Statute §13.43. As such, the information is available to you, your authorized representative, those staff of [COUNTY NAME] who need access to this information for legitimate business reasons, and only those other persons who are granted access by state or federal statute or court order.

EMPLOYEE NAME _____ EMPLOYEE # _____

DEPARTMENT _____

JOB TITLE _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR OUTSIDE EMPLOYMENT

☐ Employment Outside of County Work Hours

☐ Employment During County Work Hours

☐ Private Business

☐ Conduct of a Profession Outside of County Work Hours

☐ Conduct of a Profession During County Work Hours

NAME OF EMPLOYER / BUSINESS _____

ADDRESS _____

DESCRIPTION OF WORK TO BE / BEING PERFORMED _____

DATE EMPLOYMENT WILL BEGIN / BEGAN _____

ANTICIPATED EMPLOYMENT END DATE _____

Employee's Signature Date

Department Head Approval Date

Human Resources Department