NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

APPLICATION TO ENGAGE IN OUTSIDE EMPLOYMENT FORM

Name of Employee _____

Date of Application _____

Name of Secondary Employer _____

Nature of Work _____

_____

_____

Expected Duration of employment: Begin date _____ End date _____

Work times of secondary employment: From _____ am / pm
To _____ am / pm

STATUS OF APPLICATION ☐ **APPROVED** ☐ **DENIED**

_____ _____
Employee's Signature Date Supervisor's Signature Date

_____ _____
Dean/Division Director's Signature Date President's Signature Date