SOUTHWEST
TENNESSEE COMMUNITY COLLEGE

Outside Employment Form for Faculty and Administrative/Professional Staff

Name:

_____

Nature of Employment:

_____

Name of Outside Employer:

_____

Address:

_____

Expected Commitment of Time by Week: _____

Beginning Date of Employment: _____

I have read TBR Policy 5:01:05:00 Outside Employment and Extra Compensation policy and hereby certify that my proposed employment/consulting will not conflict with the following policy stipulations:

A. This employment does not interfere with assigned duties and responsibilities.

B. This employment does not constitute a conflict of interest or compete with the education, research, or public service programs of the College.

C. If involving employment with other agencies, departments, or institutions of State Government, including State Institutions of higher education, it is understood that such employment is subject to the prior approval of the President and the appropriate representative of the other agency or institution.

D. This employment will not be undertaken with the claim that I am an official representative of the College in connection with the employment/consultation.

E. If involving the use of College equipment, facilities, or services, I will secure appropriate College approval.

_____ _____

Signature of Faculty Member, Staff, or Administrator Date

I certify by my approval that to the best of my knowledge this request for employment will not conflict with the policy stipulations listed above.

_____ _____

Signature of Supervisor Date

Once completed, please return this form to the Office of Human Resources at myhr@southwest.tn.edu as well as the Equity and Compliance Office at tnperry@southwest.tn.edu