

Request to Engage in Outside Employment or Self-Employment	City of Philadelphia		
	Department/Agency/Office:		Date of Request:
	Department No.:		
To Be Submitted to Departmental Human Resources Manager			
Last Name:	First Name	Payroll Number:	Years of Service:
Class or Job Title:		Division or Unit:	
Name of Supervisor:		Regular Hours and Days Worked at City:	

For Uniformed Personnel Only: <i>Only complete information applicable to position.</i>	Rank:	Badge #:	District:	Platoon:
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Please choose one of the following options:

- I wish to enter into outside employment or self-employment as described below.
- I am currently engaged in approved outside employment or self-employment and wish to change the details of that employment (e.g., different employer, hours of work) as described below.
- I am no longer engaged in approved outside employment or self-employment. End Date of Outside Employment or Self-Employment: _____

Space is provided for one outside employment or self-employment request.				
If you are seeking permission to work at more than one outside employment or self-employment, you must submit a separate form for each request.				
Name of Outside Employer:			Nature of Business:	
Address:				
City:	State:	Zip Code:	Telephone:	E-mail of Supervisor (if applicable):
Regular Hours and Days Sought to Work:			Will your outside employment or self-employment be performed outside of your regular City work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	
Describe in detail the duties you will perform for this employer or for yourself, if self-employed:				
Is this work dangerous, hazardous, exhausting or otherwise potentially injurious to your health or safety? <i>(If yes, explain, and include any occupational hazards connected with the job.)</i>				
Does your proposed outside employment or self-employment require you to personally engage in any transactions with the City of Philadelphia or with other governmental entities? <i>(If so, please describe in detail)</i>				
Does your proposed employer or you, if seeking self-employment, have contracts with or receive financial assistance from the City of Philadelphia or any other governmental entities? Do you anticipate contracts or financial assistance will be sought? <i>(If so, please describe in detail. If uncertain, ask this question of your prospective outside employer.)</i>				
List ownership or management interest in any business entity.				

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I am requesting permission of my Appointing Authority or their designee to engage in the outside employment or self-employment described in this Form. I have thoroughly reviewed the Mayor's Executive Order XX-16 on Outside Employment and Self-Employment, as well as any policies of my department, agency or office concerning such employment. I understand that I may not engage in outside employment or self-employment that is incompatible with my official duties with the City of Philadelphia. Specifically, this outside employment or self-employment must not:

1. bring disfavor or disrespect upon me; my department, agency or office; or the City;
2. impede, or adversely affect my performance and proper discharge of my City duties;
3. shall not be arduous, strenuous, laborious, dangerous or exhausting;
4. make use of any City-owned or leased resources, including but not limited to telephones, Blackberries, vehicles, printers, computers, or other supplies or equipment;
5. occur during the time I am being paid for or am conducting City work;
6. be another office or a position of profit with other governmental agencies, except as provided in Section 8-301 of the Home Rule Charter;

I further understand that I shall not perform outside work while receiving sick leave or injury benefits from the City. If I become injured, disabled or ill as a result of my outside employment or self-employment, I shall not be given paid sick leave or injury benefits by the City.

I further understand that approval of my outside employment or self-employment does not alter or affect, in any way, my obligation to comply with Chapter 20-600 of the Philadelphia Code (Standards of Conduct and Ethics), Title X of the Philadelphia Home Rule Charter (Prohibited Activities), and, if applicable to me, the Pennsylvania Public Official and Employee Ethics Act, codified at 65 Pa.C.S. 1101, et. seq. I further understand that I am required to disclose outside sources of income of all annual financial disclosure statements I am obligated to file.

I further understand that I have a continuing obligation to notify the Human Resources Manager or Designee of my department, agency or office if the information included on this Form should change, including if I am no longer engaging in outside employment or self-employment, within 14 days of such change.

The information about my outside employment or self-employment that I have entered above is true and complete to the best of my knowledge and belief.

Signature: _____

Date of Request: _____

Attendance & Performance Review (To be completed by the Human Resources Manager or Designee)

Is Officer or Employee on Sick Abuse List: Yes No

Number of Sick Days (paid and unpaid) used in past 12 months:

Last Overall Performance Evaluation (if applicable):

Has Officer or Employee Received any discipline in last 12 months? Yes No (If yes, attach copies)

Recommendation: Approved Denied

Supervisor (print) _____ Signature _____ Date _____

Program Director (print) _____ Signature _____ Date _____

HR Representative (print) _____ Signature _____ Date _____

Final Decision: Approved Denied

Appointing Authority or Designee's (print) _____

Appointing Authority or Designee's Signature _____ Date _____

If Denied, Reason for Denial: