



PINAL COUNTY
OUTSIDE EMPLOYMENT DECLARATION

Employee Name (Print): \_\_\_\_\_

Position: \_\_\_\_\_ Department/Office: \_\_\_\_\_

In accordance with Pinal County policy, I hereby declare the following outside employment:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title (if any): \_\_\_\_\_

Days/Hours of Work: \_\_\_\_\_

Brief Description of Work Performed:

Three horizontal lines for describing work performed.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Two horizontal lines for comments.

Approved By:

Elected Official/Asst. County Mgr. \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director \_\_\_\_\_ Date: \_\_\_\_\_

Original: Employee Personnel File cc: Employee & Supervisor