

**Report of Actual / Planned Other Employment and Compensation**

**1. Current State Employment Information:**

Name: \_\_\_\_\_  
Civil Service Job Title: \_\_\_\_\_  
Normal Working Hours: \_\_\_\_\_  
Normal Days Off: \_\_\_\_\_

**2. Is the below information on current other employment or on planned other employment?**       Current       Other

**3. Other Employment Information:**

Date of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address (street and town): \_\_\_\_\_  
\_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
What Days Per Week: \_\_\_\_\_  
How are you paid:  Hourly    Daily    Weekly    Bi-Weekly    Monthly    Work Per Unit  
Type of payment received :       Cash       Check       Stocks  
Are you required to drive or travel?       Yes       No  
Explain: \_\_\_\_\_

I certify the above to be correct to the best of my knowledge and ability.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<p><b>Unit Head:</b></p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Denied</p> <p>_____ Signature</p> <p>_____ Date</p>	<p><b>Legal Services:</b></p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Denied</p> <p>_____ Signature</p> <p>_____ Date</p>
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