

OUTSIDE EMPLOYMENT WAIVER REQUEST FORM

The undersigned (Employee) shall not engage in any employment which might in any way hinder or impair the impartial performance of his or her public duties for the City of De Pere, embarrass the City government, conflict with his or her primary employment with the City, or impair his or her efficiency. Employee understands they cannot perform outside employment during the same hours they are being paid by the City of De Pere. Employee must obtain prior written approval from the City before undertaking outside employment. Employee must sign this waiver in order to be granted permission to engage in outside employment.

Employee does hereby waive and release the City from liability, expenses or costs because of any occupational injury or occupational sickness incurred by reason of any employment performed by Employee other than as an employee of the City. Employee further releases the City from any claim for wages or any benefits for the accrual of sick and vacation leave during his or her absence caused by such occupational injury or occupational sickness from employment performed other than as an employee of the City. Employee agrees and understands that he or she will be responsible for payment of all medical, and life insurance policy premiums during his or her absence caused by such occupational injury, or occupational sickness, commencing the first month after the month of such injury or sickness, excepting that such premiums will continue to be paid by the City during the period an employee makes use of previously accrued sick leave and vacation benefits in amounts required by the City for benefit eligibility. Employee does not waive any sick or vacation leave that he or she has accumulated.

(Please Print Your Name) Date: _____

Place of Employment: _____

Address: _____

Work to be performed: _____

Police Personnel Only

Will the work require any security/law enforcement responsibility, including the enforcement of any state or local law, or the exercise of any police power on behalf of the City?

_____ Yes (If "Yes," explain below) _____ No

Explain: _____

Supervisor's Recommendation: Date: _____ Initials: _____

_____ Approved _____ Disapproved

Comments: _____

APPROVAL _____ Date _____

Department Head

Please send completed copy to Human Resources.