



# CITY OF CHICAGO

## DEPARTMENT OF HUMAN RESOURCES

### OUTSIDE EMPLOYMENT FORM

<b>Name:</b>	<b>Department:</b>
<b>Job Title:</b>	<b>Bureau:</b>
<b>Work Phone:</b>	<b>Work Site:</b>

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago?	YES	NO
2. Are you now self-employed or have any business interest or act on a consultant basis?	YES	NO
If yes, does this involve any city, state, or federal license registration?	YES	NO
If yes, state the type and registration number: _____		
3. If yes, to any of the above; When did (will) you start? _____		
Name of Employer: _____ Phone: _____		
Address: _____ City: _____		
What is your job? _____		

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total Hours</b>			

	Outside Employment		
	Start	Stop	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total Hours</b>			

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Outside Employment Form.

**I submit that I have read the City's Ethics Ordinance and Personnel Rules, Rule XX-Employee Relations, Section 3-Outside Employment; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVALS:      YES                  NO  
                          YES                  NO  
                          YES                  NO

Division Head: \_\_\_\_\_  
 Bureau Head: \_\_\_\_\_  
 Department Head: \_\_\_\_\_