CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name: ____________________________ Department: ____________________________
Job Title: ____________________________ Bureau: ____________________________
Work Phone: ____________________________ Work Site: ____________________________

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 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.

<table>
<thead>
<tr>
<th>City Employment</th>
<th>Outside Employment</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Start</td>
<td>Stop</td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Sunday</td>
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<td></td>
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<tr>
<td>Total Hours</td>
<td></td>
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</tr>
</tbody>
</table>

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 Dual Employment Report. I understand that falsification of this report will be a cause for disciplinary action.

______________________________  ____________________________
Signature                      Date

APPROVALS:  YES NO  YES NO  YES NO
Division Head: ____________________________
Bureau Head: ____________________________
Department Head: ____________________________

2/27/2006

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