



# University of Colorado at

## Boulder

### *Compensation Guidelines for Classified Staff*

#### **AUTHORIZATION TO ENGAGE IN OUTSIDE EMPLOYMENT**

I, \_\_\_\_\_, understand that, as a classified State employee, State of Colorado laws and rules and / or University policy provide that my employment at the University is my principal vocation, and that I must seek advance written approval to engage in outside employment, and that any outside employment must not present a conflict of interest or commitment with the University or adversely affect the performance of my duties. Accordingly, I request approval to engage in the following outside employment:

Type of outside employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ per \_\_\_\_\_

Expected duration of outside employment, end date: \_\_\_\_\_

Employer or associates:

\_\_\_\_\_  
\_\_\_\_\_

Employer's address:

\_\_\_\_\_  
\_\_\_\_\_

This outside employment will not interfere with my duties and will not present an actual or apparent conflict of interest or commitment because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my outside employment changes, I understand that I must obtain re-approval by means of resubmitting a revised version of this form.

Employee Name (print) \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved:**

Supervisor Name (print) \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority Name (print) \_\_\_\_\_  
Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_