

# WILLIAM & MARY

## Classified/Operational Outside Employment Agreement

Employee's Name

Banner 93#:

Nature of outside employment:

Name of employing entity:

I affirm that:

1. This employment will not interfere with my regular work for the university.
2. This employment will not involve the use of university facilities or equipment.

Termination date of outside employment (annual approval required):

Amount of time (in hours) devoted monthly to above employment:

Currently engaged in other outside employment?    **No**    ( )    **Yes** ( )

If yes, total amount of time devoted monthly :

*Certification: I understand I must take personal leave for any time I spend on outside employment during my regular work hours. I also understand that permission to engage in outside employment can be denied or canceled if the outside employment unduly interferes with my work or that of the University.*

Employee Signature:

Date:

Supervisor Signature:

Date:

Please send this completed and signed form to the Office of Human Resources via [AskHR@wm.edu](mailto:AskHR@wm.edu)