



## Office of Human Resources Off-Campus Employment Declaration Form

**Off-Campus Employment Policy:** Prior to the engagement of **a full-time employee** in any off-campus employment (including conducting one's own business, a trade or profession), the employee is required to disclose this off campus employment and receive approval for such by completing this Off Campus Employment Declaration Form. Any off-campus employment for full time employees is undertaken only with a written notice to and approval by the Vice President for Human Resources or delegate. The off-campus work undertaken must not impede the employee from being able to give the required time, energy and enthusiasm to contracted work at Bethlehem University. In addition, it must avoid any possibility of a conflict of interest by which the off-campus employment may have a detrimental effect on the University's interests.

Name of Employee: \_\_\_\_\_ Faculty/ Department/ Office: \_\_\_\_\_

- ☐ I disclose that I have off-campus employment and/or my own business as detailed in the form below. I declare that this work will not interfere with my duties at Bethlehem University nor will I use university equipment or other resources for personal or financial gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of External Employer: \_\_\_\_\_

Name & Title of External Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of employment: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Specify the days and hours requested for external work: \_\_\_\_\_

**For Staff:** Recommendation of Immediate Supervisor: ☐ Recommended ☐ Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Faculty:** Recommendation of the Chairperson: ☐ Recommended ☐ Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of the Dean: ☐ Recommended ☐ Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of the AVP: ☐ Recommended ☐ Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of the VP for HR: ☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If approved or disapproved, a copy goes to, Vice Chancellor, Immediate Supervisor and the Employee.