



PINAL COUNTY

OUTSIDE EMPLOYMENT DECLARATION

Employee Name (Print): _____

Position: _____ Department/Office: _____

In accordance with Pinal County policy, I hereby declare the following outside employment:

Employer Name: _____

Address: _____

Position/Title (if any): _____

Days/Hours of Work: _____

Brief Description of Work Performed:

Employee Signature: _____ Date: _____

Department Director: _____ Date: _____

Comments:

Approved By:

Elected Official/Asst. County Mgr. _____ Date: _____

Human Resources Director _____ Date: _____

Original: Employee Personnel File **cc:** Employee & Supervisor