

Vernon College Non-school Employment Notification

Name: _____

Date: _____

Type of Employment: _____

Place of Employment: _____

Dates, days, and hours involved: _____

My signature on this notification assures that my outside employment will not:

- a. Occur at a time when I am expected to perform my primary work obligation at the College District;
- b. Diminish my efficiency or effectiveness in performing my primary work obligations at the College District;
- c. Conflict with the mission or best interest of the College District;
- d. Utilize any College District facilities, resources, property, equipment, or staff, or be performed on College District property; or
- e. Violate applicable laws and regulations.

Employee

Date

Supervisor

Date

Vice-President

Date

Received by HR: _____