|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Police | Town of Kansas, OK | **ENTER AGENCY NAME HERE** | | | | | | | | | |
| OUTSIDE EMPLOYMENT REQUEST [3.3.1] | | | | | | | | | |
| Employee Name: | | | | | | Request Date: [3.3.1 a] | | | Start Date: [3.3.1 a] | |
|  | | | | | |  | | |  | |
| Indicate the Type of Outside Employment Being Requested: | | | | | | | | | | |
| **Extra-Duty Employment** | | | | | **Off-Duty Employment** | | | | | |
| *Extra-Duty Employment is defined as any employment that is conditioned on the actual or potential use of law enforcement powers by a police officer employee when the officer is employed and compensated by outside organizations.* | | | | | *Off-Duty Employment is defined as any employment that will not require the use or potential use of law enforcement powers by the off-duty employee.* | | | | | |
| Requesting Permission To Use: [3.3.1 d] | | | | | List Agency Equipment Requested: [3.3.1 d] | | | | | |
| Agency Uniform: | | Agency Equipment: | | |  | | | | | |
| **Yes  No** | | **Yes  No** | | |
| Business Name: | | | | | Establishment Type: [3.3.1 b] | | | | | |
|  | | | | |  | | | | | |
| Business Street Address: | | | | | Business City, State, Zip | | | | | |
|  | | | | |  | | | | | |
| Does the Establish Serve Alcohol? | | | | | Number of Hours & Frequency to be Worked [3.3.1 e] | | | | | |
| **Yes  No** | | | | |  | | **Daily  Weekly  Monthly  Yearly** | | | |
| Describe Duties to be Performed: | | | | | | | | | | |
|  | | | | | | | | | | |
| *I certify I have read and understand agency policy related to outside employment and further certify the above outside employment is not prohibited by policy. I agree to abide by all employee conduct requirements and restrictions for working any off-duty and extra-duty employment while on sick leave, leave without pay, administrative duty, injury leave, and any other limited duty status. I agree to follow all limitations of hours that may be worked and understand it is my responsibility to inform my agency of any changes in my outside employment.* [3.3.1 c] [3.3.1e] [3.3.1 f] | | | | | | | | | | |
|  | | |  |  | | | |  | |  | |
| *Employee’s Printed Title & Name* | | |  | *Employee’s Signature* | | | |  | | *Date Signed* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chain of Command Recommendations & CLEO, or designee’s, Authorization [3.3.1 a]** | | | | | |
|  |  |  |  |  | Approved  Denied |
| *Printed Title & Name* |  | *Signature* |  | *Date* |  |
|  |  |  |  |  | Approved  Denied |
| *Printed Title & Name* |  | *Signature* |  | *Date* |  |
|  |  |  |  |  | Approved  Denied |
| *Printed Title & Name* |  | *Signature* |  | *Date* |  |
|  |  |  |  |  | Approved  Denied |
| *Printed Title & Name* |  | *Signature* |  | *Date* |  |

|  |  |
| --- | --- |
| ***Reason(s) for Denial:*** |  |