



GEORGIA
TECHNOLOGY
AUTHORITY

Notification of Outside Employment

| | |
|--------|-----------|
| Name: | Date: |
| Title: | Division: |

I currently have other employment. Please be advised that failure to disclose other employment could result in disciplinary action up to and including dismissal.

NO _____ (Employee Signature)

YES (Complete this form and sign below)

Name and address of potential/current employer:

| | | |
|---|---------------|---|
| Work Hours: | Hours / week: | Dates of Employment: From: _____ To: _____ |
| Description of duties (attach additional documentation if necessary): | | |

I certify that, my proposed/current outside employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the Georgia Technology Authority.

_____ (Employee's Signature)

This notification is to be reviewed to ensure that the outside employment does not conflict with the employee's current duties and responsibilities, provide the potential for improper decisions, or present an actual or perceived conflict of interest.

Reviewed

Disapproved _____
Supervisor

_____ Date

Reviewed

Disapproved _____
Division Director

_____ Date

Approved

Disapproved _____
Approving Official

_____ Date

Approved

Disapproved _____
Human Resources Director

_____ Date

Reason(s) for disapproval/Comments: