

DEPARTMENT OF EDUCATION
GOVERNMENT OF GUAM

Date: _____

MEMORANDUM

To: Principal\Division Head

From: _____
NAME OF EMPLOYEE SOCIAL SECURITY NUMBER

Subject: REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT

Position Title: _____ School/
Division: _____

Nature of Outside Employment or Business Activity(ies): _____

Hours of Work: _____ Salary/
Income: _____
From To Days

Dates of Employment: _____
Begin End

Name of Employer: _____

Location/Address: _____

NOTE TO EMPLOYEE: Authorization must be approved by your immediate supervisor before starting outside employment or business. Approval of outside employment must be renewed when the employment or business changes or when there is substantial change in hours required. This request must be renewed on the first working day of the following school year.

Signature of Employee

[] Approved [] Disapproved

[] Approved [] Disapproved

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Signature of Principal or
Immediate Supervisor

Signature of Division Head

Date: _____

Date: _____

NOTE: THIS FORM MUST BE SUBMITTED TO THE ADMINISTRATOR OF PERSONNEL SERVICES DIVISION UPON APPROVAL OR DISAPPROVAL BY YOUR SUPERVISOR.