## **CITY OF OXNARD**

## READ THE FOLLOWING STATEMENT ON OUTSIDE EMPLOYMENT

### City of Oxnard Outside Employment/Activities Policy Number 17.4

A City official or employee shall not engage in or accept other employment or render services to other interests when such employment or service is incompatible with the proper discharge of his/her official duties. Examples of incompatibility include but are not limited to:

- 1) Actual conflict in hours of employment;
- 2) Being tired or unfit for duty because of outside employment;

3) Requesting shift or hour trades from the City or co-workers for the purpose of performing outside employment; or

4) Where the secondary employment creates an actual or apparent conflict of interest in regard to City employment.

Upon the written request of an employee, the department head may, with the approval of the Human Resources Director, permit outside employment if it is not in conflict with the employee's obligation to the City. Requests for outside employment must include, if possible, the name, address, and type of work of the proposed employer; the period of time and hours of work of the requested employment; the type and duties that are to be performed; and the reason for wanting to accept the extra employment. The department head shall forward the request along with the department head's written recommendation to the Human Resources Director for review and final decision.

In no such case will an employee be permitted to engage in outside work in excess of twenty (20) hours of any one week. City employees working on part-time outside City employment who have a record of excessive sick leave absences may have their outside work privilege rescinded at the discretion of the department head and with the approval of the Human Resources Director. Any injury resulting from part-time employment shall not be chargeable to the City.

### EMPLOYEES INTENDING TO ENGAGE IN OUTSIDE EMPLOYMENT/ACTIVITY SHALL NOTIFY THE DEPARTMENT HEAD IN WRITING (via this form) AND OBTAIN PRIOR APPROVAL FOR SUCH ACTIVITY.

# CITY OF OXNARD

## EMPLOYEE'S REPORT ON OUTSIDE EMPLOYMENT

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
CLASSIFICATION		DEPARTMENT
ARE YOU PRESENTLY ENGAGED IN OUTSIDE EMPLOYMENT/ACTIVITY	☐ YES ☐ NO	DO YOU INTEND TO ENGAGE IN OUTSIDE YES EMPLOYMENT/ACTIVITY NO
PRIMARY CITY WORK LOCATION		TELEPHONE NUMBER
		( )
Address	City	Zip Code
OUTSIDE EMPLOYER/ACTIVITY		TELEPHONE NUMBER
		( )
Address	City	Zip Code

POSITION		[	DUTIES PERFORMED					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Total Hrs
WORKING HOURS								-

### **EMPLOYEE'S CERTIFICATION – ALL EMPLOYEES MUST READ AND SIGN**

I HAVE READ AND UNDERSTAND THE CITY'S POLICY REGARDING OUTSIDE EMPLOYMENT AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TRUE AND COMPLETE WITH REGARD TO ANY AND ALL EMPLOYMENT OUTSIDE MY REGUALR CITY POSITION AND THAT I AM IN COMPLIANCE WITH THE ABOVE POLICY.

EMPLOYEE'S SIGNATURE	DATE

### FOR ADMINISTRATIVE USE ONLY

	REASON(S) FOR APPROVAL/DENIAL:	
APPROVED		
DENIED	DEPARTMENT HEAD SIGNATURE	DATE
	REASON(S) FOR APPROVAL/DENIAL:	
APPROVED		
	HUMAN RESOURCES DIRECTOR SIGNATURE	DATE

#### DISTRIBUTION:

Original: Personnel File Employee Department Employee File