

DEPARTMENT OF MILITARY AFFAIRS
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT

GUIDELINES for Outside Employment or Engaging in Business Activities by Employees of the Department of Military Affairs

Employees of the department may accept outside employment or engage in business so long as it does not interfere with their duties or present a perceived or actual conflict of interest. Written approval by the Director of State Human Resources, after endorsement by the immediate supervisor and second line supervisor of any outside employment or self-employment is required to prevent possible conflict of interest. Acceptance of outside employment that constitutes a conflict of interest shall be cause for disciplinary action up to and including termination.

Employees of the department will not be permitted to hold employment with or serve in any capacity in any business with which the department may contract or fund services and/or purchase materials related to the department's mission or goals.

Employee Name	Work Unit	Type of Request ☐ New ☐ Renewal
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Pursuant to Department Practice & Procedure Bulletin 3.120, Employee Work Rules, Code of Ethics, and Outside Employment, I hereby notify the department of my intent to engage in the following outside employment or business activities.

Employer/Business Name	Address	Hours of Work and Anticipated Schedule	Anticipated Employment Type
			☐ Outside Employer ☐ Own Business (includes freelancing)

- Briefly describe the duties of this position (or attach a detailed description).
- Does the above employer/business provide services and/or materials to the Department of Military Affairs and/or Wisconsin Emergency Management?
☐ No
☐ Yes *Explain*
- Does the above employer/business provide services or materials to armories, military bases, or other entities supported in whole or in part by funds administered by the Department of Military Affairs, Wisconsin or Federal Emergency Management agencies, or the National Guard Bureau?
☐ No
☐ Yes *Explain*
- Does the Department of Military Affairs and/or Wisconsin Emergency Management provide services and/or materials to the above employer/business?
☐ No
☐ Yes *Explain*

I have read the guidelines for outside employment or engaging in business activities printed above. I attest that the information provided within is true and that this request conforms with the provisions noted herein.	Employee Name (Print)	Date
Immediate Supervisor Action ☐ Approval ☐ Disapproval, <i>Explain on reverse</i>	Signature: Print: Signature:	Date
2 nd Line Supervisor Action ☐ Approval ☐ Disapproval, <i>Explain on reverse</i>	Print: Signature:	Date
Director of State Human Resources Action ☐ Approval ☐ Disapproval, <i>Explain on reverse</i>	Print: Signature:	Date

Note: Any substantive change in duties as a state employee or duties described herein will require submission of a new request within 30 days of change.

DISTRIBUTION: Original - SHR
Copies - Employee
- Supervisor