

**IDAHO DEPARTMENT OF CORRECTION  
Outside Employment Disclosure Form**

Name:	Date:
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**Idaho Department of Correction Employment**

Position:	Work Location:
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**Outside Employment**

Position:	Employer:
Hours per Week:	Start Date:

Please describe the responsibilities of this position:

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Describe the type of required and/or potential interaction with current or previous offenders:

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Explain how your outside employment would not be a conflict of interest or negatively impact your employment with the Department:

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I have read understand and agree to comply with the provisions and conditions in Idaho Department of Correction's policy 217, *Ethics and Standards of Conduct*.

Employee Signature:	Date:
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<b>Supervisor</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date:
Print Name:	Signature:		
Reason/Notes:			
<b>Manager/Facility Head</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date:
Print Name:	Signature:		
Reason/Notes:			
<b>HR Director or Designee</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date:
Print Name:	Signature:		
Reason/Notes:			

Distribution:    **Original** – Human Resources, Employee Personnel File  
                      **Copy** – Working File