

**KENAI PENINSULA BOROUGH  
OUTSIDE EMPLOYMENT DISCLOSURE FORM**

Employee Name and Number:

Job Title:

Dept/Division:

Supervisor's Name:

***Employees engaging in outside employment are required to complete this form. Employees must complete the first section of the form in its entirety. Attach copy of employee's KPB job description and job description of other employment before submitting to HR, if available.***

*GOVERNING ORDINANCES AND POLICIES*

KPB 2.90.250 prohibits outside employment that conflicts with the interests of the borough.

1. No borough employee shall accept outside employment or engage in a financial activity that:
  - A. Poses a conflict with the interest of the borough or in any way reflects unfavorably upon the borough;
  - B. Is not compatible with the employee's borough work; or
  - C. Detracts from the employee's efficiency in the performance of borough work.
2. No borough employee shall be a contractor to the borough or be employed by a contractor on borough matters while receiving a wage from the borough except as provisions of KPB 2.58 allow.
3. KPB 2.90.250(B) requires approval and disclosure of outside services for compensation.

*Human Resources will notify the employee and department or service area director of final determination. A copy will be placed in the employee's personnel file.*

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**EMPLOYEE SECTION:** This section is to be completed by the employee before outside employment commences. Once completed and signed, forward the document to your department director.

**Employee's disclosure of outside employment or services:**

Outside Employer Name:

Position:

Duties/Responsibilities:

**Hours worked per week:** For Borough: \_\_\_\_\_

For Outside Employment: \_\_\_\_\_

**Scheduled Days/Times:**

**For Borough:**

Monday\_\_\_\_Tuesday\_\_\_\_Wednesday\_\_\_\_Thursday\_\_\_\_Friday\_\_\_\_Saturday\_\_\_\_Sunday\_\_\_\_

**For Outside Employment:**

Monday\_\_\_\_Tuesday\_\_\_\_Wednesday\_\_\_\_Thursday\_\_\_\_Friday\_\_\_\_Saturday\_\_\_\_Sunday\_\_\_\_

Additional Information:

I certify that the information provided herein is complete, true, and accurate. I understand that any change to my outside service or employment described above must be reported to my department director as soon as reasonably possible after it occurs. (KPB 2.90.250[B])

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

