

**Franklin County Board of Commissioner Agencies
Notice of Outside Employment**

Name:		BOC	
		Agency:	
Job Title:			
Supervisor:			
Outside Employment (Including Self):			
Address:			
Phone:			
Title of Position:			
Duties Performed:			
Does this Employer hold a service or supply contract with Franklin County BOC?			
<p>I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR OUTSIDE EMPLOYMENT FOUND IN BOC-61.02. I AM PROVIDING NOTICE OF OUTSIDE EMPLOYMENT DOCUMENTED ABOVE. I FURTHER UNDERSTAND THAT SIGNIFICANT CHANGES IN THE ABOVE INFORMATION MAY REQUIRE THE SUBMISSION OF A NEW NOTICE OF OUTSIDE EMPLOYMENT.</p>			
Employee Signature:			
Date:			
Supervisor Comments:			
Supervisor Signature:			
Date:			
FOR HUMAN RESOURCES STAFF ONLY			
Comments:			
Signature:			
Date:	Approval:	Yes	No