

RHODES STATE COLLEGE  
EXTERNAL EMPLOYMENT FORM

INSTRUCTIONS: Complete this form and submit it to your supervisor. After review and approval by your supervisor and Human Resources (HR), this form will serve as an agreement between the employee and the College for the employee to perform external employment.

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Full Name

Rhodes I. D. Number

Department

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Describe type of External Employment:

Effective dates of outside activity:

From

To

Estimated hours per week:

Estimated total hours:

Services require use of College facilities?

If yes, describe:

(NOTE: President's approval required for use of College facilities)

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CERTIFICATION: I certify that this External Employment will not negatively affect my assigned duties, responsibilities at Rhodes State College. I further certify that I have read, understand and will comply with the College's External Employment Policy, and that my failure to comply may subject me to disciplinary action.

Signature

Date

Supervisor

Date

HR

Date

President, if applicable

Date