Dual Employment (Moonlighting) Declaration

Please declare any work outside your employment and request approval.

Employee

FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL

PHONE

Outside work

TYPE

HOURS PER WEEK

DESCRIPTION, CLIENTS OR EMPLOYER

☐ This work does not compete with the company, does not use company time, equipment or information, and does not involve company clients.

For HR

Decision

○ Approved ○ Approved with conditions ○ Not approved

CONDITIONS

Signed electronically under the Information Technology Act, 2000.

Employee

SIGNATURE

PRINTED NAME

DATE

HR

SIGNATURE

PRINTED NAME

DATE