



OFFICE OF ACADEMIC AFFAIRS

Outside Employment Verification Form

Completion and filing of this form serves as written notice in compliance with the *Faculty Handbook, Chapter 5, 5:21: Outside Employment Policy*.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Alternate E-Mail Address	
PSC Department	
Academic Term	

Outside Employment

During which hours are you available for volunteer assignments?

Do you have outside employment? Yes No

If Yes, who is your outside employer?

Do you work full-time other than Philander Smith College? Yes No

Schedule

What are the specific hours of your outside employment?

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that if any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal.

Employee Name (printed) _____

Signature _____ Date _____

Division Chair's Signature _____ Date _____

Vice President for Academic Affairs Signature _____ Date _____