South Carolina State Fiscal Accountability Authority
Outside Employment or Business Request Form

Section 1: To be completed by Employee

Name: _____
First Middle Last

Division/Office: _____ Job Title: _____

Are you engaged in any outside employment or business activity? ☐ Yes ☐ No (If yes, please explain)

Employer's Name (use "self" for self employment): _____

Type of Business: _____ Phone #: _____

Address: _____

Hours per Week (please include work schedule): _____

Duration – Start Date/End Date (If known): _____

Brief Statement of Outside Duties (Use attachment if necessary):

If employment involves any of the following, check the appropriate box and explain on an attachment, with a listing of your clients.

☐ Consulting/Advising on matters related to the business of the State Fiscal Accountability Authority

☐ Dealing with or transacting business with South Carolina State Government

☐ Teaching, writing or lecturing on matters relating to agency business

☐ Dealing with persons or firms with whom you may come into official contact on regulatory or procurement matters

☐ Canvassing or soliciting in which you initiate contact with others

Employee's Certification

I hereby request approval of outside employment and certify that my services in connection with the outside employment or business referred to above will not have a direct conflict with or infringe on my duties with or responsibilities to the State Fiscal Accountability Authority. I further understand that if my outside employment or specific business is approved, I must:

1. Reapply for written permission if the nature of this employment or business changes
2. Notify my supervisor, in writing, should my supervisor change
3. Notify my supervisor, in writing, when my approved employment or business activity is terminated

Signature: _____ Date: _____

Section 2 – Recommendation of Supervisory Officials

1. Supervisor

Will outside employment or business interfere with employee's work performance?

☐ Yes ☐ No

If yes, please explain: _____
_____
_____

☐ Approval ☐ Disapproval

Signature: _____ Date: _____

2. Office/Division Director

☐ Approval ☐ Disapproval

Signature: _____ Date: _____

Section 3 – Submit the completed form to SFAA's Office of Human Resources for approval.

Request is: ☐ Approved ☐ Disapproved

Comments: _____
_____
_____
_____

_____ _____
Human Resources Director Date