



IMPERIAL COUNTY SHERIFF'S OFFICE



Authorization Request for Outside Employment

Employee Information

Employee Name: _____

Employee Number: _____ Division: _____

Position: _____ Date: _____

Second Employer Information

Name of Employer: _____

Address of Employer: _____

Telephone Number: _____ Hours of work: _____

Type of Employment:

Part-Time

Seasonal

Other: _____

Description of job duties:

I acknowledge this will not in any way affect my primary duties with the Imperial County Sheriff's Office.

Employee Signature

Date

Approval

Immediate Supervisor: _____

Approved

Denied Date: _____

Lieutenant: _____

Approved

Denied Date: _____

Sheriff F. Miramontes: _____

Approved

Denied Date: _____