OUTSIDE EMPLOYMENT REQUEST FORM

Date

Employee Information		
Name Address Phone Number Work Phone Number Email:	Department	Job Title/Position
Outside Employer Information		
Name	Job/Position	Elected Position ☐ Yes – If yes, please describe _____ ☐ No
Brief Description of Job/Position and Scheduling Requirements _____ _____ _____ _____ _____ _____ _____ _____ Employee Signature		

Upon receipt of the information the Ohio Turnpike Commission's General Counsel will determine whether there appears to be a conflict of interest between employment at the Ohio Turnpike Commission and an outside employer. Please provide a telephone number, address, or email address in the event the General Counsel determines more information is needed to make a determination. Upon completion the employee will be notified in writing by the General Counsel.

Updated 9/6/2011