

CITY OF GARDENA

SUPPLEMENTAL EMPLOYMENT FORM

IN ACCORDANCE WITH THE PROVISIONS OF RESOLUTION NO. 6301 ALL EMPLOYEES ARE TO COMPLETE PART I WITH REGARD TO SUPPLEMENTAL EMPLOYMENT:

PART I. TO BE FILLED IN BY EMPLOYEE

1. Check one of the following:

- ☐ I engage in **NO** outside employment.
☐ I engage in occasional outside employment.
☐ I engage in regular outside employment.

If you engage in occasional or regular outside employment, please complete Sections 2, 3 & 4.

2.

Name of Employer

Address of Employer

No. of Hrs. Worked Per Week

3. Describe the nature of your work:

4. Upon request, can you provide proof that you are covered by Worker's Compensation Insurance by your outside employer?

☐ Yes ☐ No

5.

Print Employee's Name

Title

Department

Employee's Signature

Date

PLEASE NOTIFY YOUR DEPARTMENT HEAD OF ANY CHANGES

PART II. DEPARTMENT HEAD REVIEW

6. ☐ **APPROVED**

I have reviewed the information set forth above and find it in conformity with the provisions of Resolution No. 6301

SIGNATURE OF DEPARTMENT HEAD

Date

☐ **DISAPPROVED**

This request conflicts with the provisions of Resolution No. 6301 as follows:

PART III. CITY MANAGER REVIEW

7. ☐ **CONCUR**

SIGNATURE OF CITY MANAGER

Date

☐ **OTHER**

