

BLACKFEET TRIBE
OUTSIDE EMPLOYMENT/VOLUNTEER REQUEST

Name: _____ Current Tribal Job Title: _____
Current Tribal Department: _____
Hours of Work: _____ a.m. to _____ p.m. (Circle) Mon Tues Wed Thurs Fri Sat Sun

Outside employer information:
Organization: _____
Outside Work Title: _____ (i.e. Instructor, Firefighter, Counselor, etc.)
Hours of Work: _____ a.m. to _____ p.m. (Circle) Mon Tues Wed Thurs Fri Sat Sun
Length of Employment: Semester(s) _____ Month(s) _____ Other: _____
Wages: _____ (attach all check stubs)

List of Duties and/or Course Description: (attach syllabus, work schedule, etc.)

Reason for desiring outside employment: _____

I certify that all outside employment or volunteer positions I hold or which I am engaged in will not affect my job performance, such as poor job performance, absenteeism, tardiness, leaving early or refusal to work. I further certify that if the outside work activity causes or contributes to job-related problems, it must be immediately discontinued and that disciplinary procedures will be implemented to deal with specific employee infractions.

Request Date: _____ Signature of Employee: _____

I certify that this employee's outside employment will not interfere with his/her employment and that I hereby give my permission to enter into outside employment.

Supervisor: _____ Personnel Director: _____
Date: _____ Date: _____