

CITY OF CLARKSVILLE
NOTICE OF SECONDARY EMPLOYMENT

REF: Personnel Policy 95-2

Date: _____

Name of Employee (PRINT) _____

Employee# _____

Address: _____

Street Address

City

State

Zip

SSN#: _____ Home Phone Number: _____

Department: _____

Primary Duty or Job Title: _____

SECONDARY EMPLOYER

Name of Employer: _____

Address of Employer: _____

Street Address

City

State

Zip

NATURE OF WORK PERFORMED

FREQUENCY OF WORK PERFORMED

Days of Week: _____ M T W TH F SA SU

(Circle all days worked)

No. of hours worked each work day: _____

If self employed, describe the nature of your business.

Number of employees employed: _____

Name all city employees who work for you in secondary employment:

DEPARTMENT HEAD SIGNATURE

EMPLOYEE SIGNATURE

"Pursuant to the Clarksville City Code and Personnel Policy 95-2 dated December 8, 1995, the purpose of this form is to enable the City of Clarksville, as your employer, to ascertain that no conflict of interest exists, nor will arise between your secondary employment and your present employment with the City of Clarksville."