



**VILLAGE OF BLOOMINGDALE
SUPPLEMENTAL EMPLOYMENT FORM**

Employee's Name: _____

Department: _____

Employee's Job Title
at the Village of Bloomingdale: _____

Name of Supplemental Employer: _____

Address of Supplemental Employer: _____

Job Title at Place of
Supplemental Employment: _____

Name & Phone Number of
Supervisor at Supplemental Job: _____

Type of Work Employee
Performs at Supplemental Job: _____

Number of Hours Per Week
Worked at Supplemental Workplace: _____

Does the supplemental employment interfere with your work performance, cause a conflict of interest or the appearance of impropriety with your duties and responsibilities at the Village of Bloomingdale, or reflect adversely upon the Village? _____ Yes _____ No

Does the supplemental employment involve the use or sale of information related to Village operations?
_____ Yes _____ No

Employee's Signature

Date

_____ Approved _____ Denied

Comments: _____

Department Director's Signature

Date

Form should be completed by the employee seeking supplemental employment and given to the Department Director for approval. Forms should then be sent by the Department Director to Human Resources for placement in the employee's personnel file.