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SUPERINTENDENT OF EDUCATION

DEPARTMENT OF EDUCATION
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KATHERINE M.P. ADA
PERSONNEL SERVICES ADMINISTRATOR

OUTSIDE EMPLOYMENT FORM

MEMORANDUM

To: School Principal / Division Head

From: _____
NAME OF EMPLOYEE

Subject: Request for Approval of Outside Employment

Current Position Title: _____ School/ Division: _____

Contact Information Home: _____ Other: _____

Nature of Outside Employment or Business Activity(ies): _____		

Hours of Work: _____	_____	_____
FROM	TO	WORKDAYS
Proposed Date of Employment: _____	_____	_____
	EFFECTIVE DATE	ENDING DATE
Name of Employer: _____		
Location/ Address: _____		

NOTE TO EMPLOYEE: Outside employment is permitted Pursuant to Section 907.950 of the Department of Education, Personnel Rules and Regulations provided that such employment is not in conflict with the employee's government service, nor such as would bring DOE or its employees into disrepute. Outside employment must be renewed and approved on an annual basis.

Signature of Employee Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature of Principal / Division Head or Immediate Supervisor	Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature of Deputy Superintendent of ESCL / C&I/ FAS	Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Signature of Superintendent of Education	Date: _____