

MOUNTAIN BROOK FIRE DEPARTMENT

POLICY NO. 106.13

VOLUME: I

SUBJECT: Outside Employment Notification

SIGNED: _____
ROBERT W. EZEKIEL, FIRE CHIEF

2/5/2013
DATE

Stipulations:

- ▶ Definition: Outside employment includes the practice of any trade, business or profession, including self employment and all other non-City employment.
- ▶ An employee engaging in any outside employment or business activity shall complete and have on file at headquarters (no later than 10 days after employment begins) an outside employment notification form.
- ▶ Outside employment shall not interfere with, or be in conflict with, the proper performance of an employee's duties with the department. This will specifically include not working in an outside employment capacity the eight hours prior to reporting for duty on shift, and not leaving the shift (leave time/SWAP time) early on a **regular** basis to report to an outside employment job.
- ▶ It is the employee's responsibility to confirm that outside employment shall not place him/her in violation of any Alabama State ethics codes or legal statutes.
- ▶ All injuries received while engaged in outside employment must be reported to the Department Safety Officer or on-duty Shift Commander (whichever is available) prior to the next scheduled working day, or sooner, if possible.
- ▶ An employee may not use workman's compensation from the City for injuries sustained while engaged in outside employment.
- ▶ An outside employment notification form must be re-submitted (no later than 10 days after employment change began) whenever an employee changes outside employment or business activity.
- ▶ By the signing of this notification, the employee acknowledges full responsibility for compliance with the above information.

Employee Name: _____	Rank: _____	Date: ___ / ___ / ___
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Outside Employer Information:

Company Name: _____	() _____ Phone Number	_____/_____/_____ Hire Date
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Address: _____	_____ City	_____ Zip Code
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Supervisor's Name: _____	Title: _____
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Describe work to be performed, position held and hours worked per week: _____

Employee Signature: _____	Date: ___ / ___ / ___
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Complete and send to Admin. Office. A copy will be placed in your personnel file.