

**BOSSIER PARISH COMMUNITY COLLEGE**

**Outside Employment Approval Form**

NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
BPCC PHONE #: \_\_\_\_\_

**Select one:** Spring  Fall  Year: \_\_\_\_\_

*(Circle the appropriate answer and give additional information if applicable)*

Do you currently have outside employment, business interests, or any other activity for which a salary, retainer, fee, honorarium, or other form of remuneration is paid? **YES** **NO**

If yes, please explain the nature and extent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please indicate the amount of time the work will require:

Estimated \_\_\_\_\_ hours per week/month or \_\_\_\_\_ days per month/year.

**Signatures:**

**Date:**

\_\_\_\_\_  
Employee

\_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_

PERMISSION GRANTED: \_\_\_\_\_

PERMISSION DENIED \_\_\_\_\_

\_\_\_\_\_  
Chancellor