



**Outside Activity Approval Form**

This form is to request approval of outside employment or activity. The form must be completed within 30 days of employment or within 30 days of engaging in outside employment activities. A detailed description of the outside employment, activity or investment in which you are/will be engaged in must be attached to the completed form to be considered.

**ODA Information:**

Name: \_\_\_\_\_

ODA Division: \_\_\_\_\_

ODA Position Title: \_\_\_\_\_

**Outside Activity/Employment Information:**

Outside Activity/Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outside Activity/Employer Position Title: \_\_\_\_\_

Approximate Hours Conducting Outside Activity/Employment Work Per Week: \_\_\_\_\_

**By completing and signing this form, I certify the following:**

- a. The outside activity, employment or investment will be entirely confined to non-working hours;
- b. My outside employment, activity or investment will not in any way interfere with my service to the Ohio Department of Agriculture;
- c. Government equipment will not be used;
- d. My outside activity, employment or investment will not imply official sanction, support or participation in a private undertaking;
- e. My outside activity, employment, or investment will not create the appearance of impropriety to the respective Division or Department;
- f. The business connections to be established or property interest acquired will not result in conflict between private or official interest or bias my judgment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Forward this request for approval as indicated on Page 2.**



**Approval Signatures:**

Division Chief: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Legal Counsel: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Director: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_

Date: \_\_\_\_\_

