

EXHIBIT 3



OUTSIDE EMPLOYMENT

Employee Name: _____

Department: _____

Title: _____

Date: _____

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I hereby request approval to engage in outside employment as described below:

Name of organization: _____

Nature of employment: _____

Time required for employment: _____

I understand that the City of Indianola policy forbids me from engaging in any form of outside employment or business opportunity, for myself or another employer, which would conflict or interfere with my job especially while on company time. Additionally, I understand that using company equipment or materials for outside employment is strictly prohibited; public safety is excluded. I understand that in order to engage in outside employment, I must receive approval from my Supervisor and or Department Head in advance of performing such outside employment, and that the approval may be withdrawn at any time. I also understand and agree that my outside employment must be suspended if my work status with the City of Indianola is sick leave, FMLA leave, workers compensation leave or restricted duty. I understand that failure to comply with the policy could result in disciplinary action, up to and including termination of employment.

Signature

Date

Please return this form to Human Resources.

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For Department Head Use Only

Request Approved

Request Denied

Comments: _____

Supervisor/Department Head Signature

Date