

Notice of Other Employment

I,		the undersigned, certify and report that:
	(Print Your Name)	
(Check O	ne)	
	I am not employed outside of the full-time position I hold with the Associated Students of San Diego State University. I understand that if I do become employed outside of my position with the Associated Students/SDSU, I must report the name of my other employer, type of work being performed and scheduled hours to my Associated Students supervisor, as stated in the A.S. Personnel Policies and Procedures Manual, section VE	
	I am currently employed outside of the full-time Diego State University.	position I hold with the Associated Students of San
	Employer Name	
	Employer Address	
	Type of Work	
	Work Schedule	
	Signature of Employee	 Date

Please return to the Human Resources Specialist