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ACTING SUPERINTENDENT OF EDUCATION

DEPARTMENT OF EDUCATION
Human Resources Division
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KATHERINE M.P. ADA
PERSONNEL SERVICES ADMINISTRATOR

OUTSIDE EMPLOYMENT FORM

MEMORANDUM

To: School Principal / Division Head

From: _____
NAME OF EMPLOYEE

Subject: Request for Approval of Outside Employment

Current Position Title: _____ School/ Division: _____

Contact Information Home: _____ Other: _____

Nature of Outside Employment or Business Activity(ies): _____

Hours of Work: _____
FROM _____ TO _____ WORKDAYS _____

Proposed Date of Employment: _____
EFFECTIVE DATE _____ ENDING DATE _____

Name of Employer: _____

Location/ Address: _____

NOTE TO EMPLOYEE: Outside employment is permitted Pursuant to Section 907.950 of the Department of Education, Personnel Rules and Regulations provided that such employment is not in conflict with the employee's government service, nor such as would bring DOE or its employees into disrepute. **Outside employment must be renewed and approved on an annual basis.**

Date: _____

Signature of Employee

Approved Disapproved

Date: _____

Signature of Principal / Division Head or Immediate Supervisor

Approved Disapproved

Date: _____

Signature of Deputy Superintendent of ESCL / C&I/ FAS

Approved Disapproved

Date: _____

Signature of Superintendent of Education