

Off-Duty Employment Approval

Employee's Name _____	Present Assignment _____
Prospective Employer _____	Phone Number _____
Address _____	Start Date _____
Nature of Work _____	Hours Worked Per Week _____

All off-duty outside employment is governed by Bountiful City Policies and Procedures Manual, section 505. If the purpose of the off-duty employment is as a security officer, as authorized pursuant to Utah Code Ann. 53-13-114, read and initial each of the following sections and attach the signed Release, Waiver and Hold Harmless Agreement.

_____ I hereby affirm and represent that I will be employed off-duty as a Security Officer, by the employing entity identified above and that I have verified that the above Entity will comply with State and federal income reporting and withholding requirements regarding my off-duty security officer wages. I further affirm that I will inform the Bountiful Police of any change in this off-duty employment entity's policy involving the above requirements.

_____ If my off-duty security officer employment is situated outside the corporate limits of Bountiful City, I will not represent myself as a Bountiful City Police Officer during the performance of my duties. In addition, I am not to use any City equipment, other than the personal equipment I would normally expect to use when off-duty or access restricted data from the Department's Records Bureau or Communications Center in connection with my off-duty employment.

_____ If I find it necessary to exercise police authority, while employed while off-duty which results in an injury, I will not be eligible for Workers Compensation through Bountiful City.

Non Law Enforcement/Security Employment (Read and initial)

_____ I fully understand Bountiful City will not provide Liability Insurance Workers Compensation if I become injured while working off-duty employment. I will advise my prospective employer of this policy and their potential responsibility if I receive an injury; however, I may use sick leave, if available, should I become physically incapable of reporting for duty due to an off-duty injury.

_____ Employee Signature	_____ Date
Request is: _____ Approved Denied Date	_____ Chief of Police

cc: Employee
Department Personnel File

