## CACFP Sample Outside Activity Approval Request

*(Name of Agency)*

<table>
<thead>
<tr>
<th>Name of Employee (Last, First, MI):</th>
<th>Mailing Address</th>
<th>Division:</th>
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<tr>
<th>Address of Official Work Station:</th>
<th>Telephone:</th>
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<th>Job Duties:</th>
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1. Are you currently engaged or plan to engage in any business, trade, profession and/or part-time or full-time employment outside of, or in addition to your employment with the day care?
   - [ ] Yes  [ ] No  *(If Yes, you must answer question 2)*

2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer:
   - Address:
   - Describe Responsibilities:
   - Outside Employment (Please specify)
     - Work Hours
       - Indefinite  [ ]
       - Temporary  [ ]
     - Days Worked per Week:
       - M  [ ]
       - T  [ ]
       - W  [ ]
       - Th  [ ]
       - F  [ ]
       - S  [ ]
       - Sa  [ ]
     - Evenings:
     - Weekends:
     - Job Start/Date
     - Job End/Date
   - Is your employment or business being performed for or with any other day care employee or official?
     - [ ] Yes  [ ] No  *(If Yes, Name of employee or official and title)*

3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation?
   - [ ] Yes  [ ] No  *(If Yes, type of license)*
   - When was license issued?
   - Active or inactive?

4. Do you currently hold or plan to hold outside voluntary position(s) which could, under certain circumstances, present a possible conflict with your official duties?
   - [ ] Yes  [ ] No  *(If Yes, explain)*

5. Are you an officer in any professional organization?
   - [ ] Yes  [ ] No  *(If Yes, explain)*
6. Are you serving in any public office, or considering appointment or becoming a candidate for any public office?
   □ Yes  □ No  If “Yes” term expiration date:

   What is the nature of elective/appointive position?

   What are your duties?

   Days worked per week in elective/appointive activity  □ M  □ Tu  □ W  □ Th  □ F  □ S  □ Su

   Work Hours:  Evenings:  Weekends:

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State?
   □ Yes  □ No

   Family Member’s Name:  Relationship:

   Nature of Employment:

   Duration:  □ Permanent  □ Temporary

   I certify that this request contains no willful misstatement of fact or omission of material act and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

9. Signature of employee: ___________________________  Date: ______________

Agency Recommendations and Approvals

Division Director

Will Outside Employment or business interfere with employee’s work performance?  □ Yes  □ No

   If “Yes,” explain below

   □ Approval  □ Disapproval

   Signature: ___________________________  Date: ______________

If “Disapproval,” explain below