

OFF DUTY EMPLOYMENT APPROVAL

Must be renewed annually

Employee's Name \_\_\_\_\_

Present Assignment \_\_\_\_\_

Prospective Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_

Nature of Work \_\_\_\_\_

Hours to be Worked per Week \_\_\_\_\_

All off duty employment is governed by Departmental Policy and Rich County policy. 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ If my off-duty security officer employment is situated outside Rich County, I will not represent myself as a Rich County Officer during the performance of my duties. In addition, I will not use any County equipment other than that 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 off-duty, which results in an injury, I will be eligible for sick leave.

\_\_\_\_\_ I fully understand I will not be granted County provided 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 and injury. 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

\_\_\_\_\_  
Sheriff's signature