

**REQUEST TO PARTICIPATE IN OUTSIDE EMPLOYMENT**  
(See Departmental Policy on Supervision of Training and Outside Employment)

**NAME:** \_\_\_\_\_

**UFID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Year:** \_\_\_\_\_  
Year of entry into Program

**CURRENT EMPLOYMENT STATUS:**

Are you currently employed at UF?  Yes  No

If yes, in what department (CHP, LS, etc): \_\_\_\_\_

What type of appointment: \_\_\_\_\_  
(OPS, GA, Fellow)

Number of hours per week: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Appointment dates: \_\_\_\_\_  
(i.e., August 07-August 08)

**PROPOSED EMPLOYMENT**

Name of proposed employment site: \_\_\_\_\_  
(i.e., UF department name or business name –CJ's, Applebee's etc)

If a UF department,  
what type of appointment: \_\_\_\_\_  
(OPS, GA, Fellow)

Number of hours per week: \_\_\_\_\_

Proposed Supervisor's Name: \_\_\_\_\_

Appointment dates: \_\_\_\_\_  
(i.e., August 07-August 08)

**DESCRIPTION OF PROPOSED ACTIVITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures: This form must be initiated by the student making the above request and completed before obtaining signatures; all signatures must be in place before beginning the proposed employment.**

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor/Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date