



DISCLOSURE TO ENGAGE IN OUTSIDE EMPLOYMENT

Employee Name: _____

Nature of outside employment: _____

Outside employer: _____

Consulting Other than Consulting

Amount of time devoted monthly to above employment: _____

This employment did or did not develop as a result of my connection with The Summit Health and Rehab.

Did Did Not

This employment will or will not involve the use of facilities or equipment associated with The Summit Health and Rehab.

Will Will Not

****If yes, explain in detail, using a separate sheet, and attach to this form.*

Date: _____ Signature of Employee: _____

Approved by: _____

Date: _____