GUAM MEMORIAL HOSPITAL AUTHORITY REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT and/or BUSINESS INTEREST ACTIVITIES

All Employees are required to complete this form:

Name of Employee:	Position Title:		Date:
Division:	GMHA Work Schedule: full-time part-time # of Hrs		Employee Badge ID number:
NO OUTSIDE EMPLOYMENT: Stop Here: Sign and date form – return to HR Office Signature: Date:			
OUTSIDE EMPLOYMENT and/or BUSINESS INTEREST ACTIVITY INFORMATION			
Name of Outside Employer/Business Activity Owner:		Location of Outside Employment/Business Activity:	
Nature of Outside Employment/Business Activity:		Contact Telephone Number(s) of Outside Employment/Business Activity	
Outside Employment Work Schedule (Specify Days/and Time(s):		Desired Employment Date (Must not be prior to approval of this request):	
Initial Request			
12. That I may not release any information on our clinical practice and/or operational functions of GMHA.			
13. That using GMHA equipment or materials for outside employment is strictly prohibited.			
I, the undersigned employee, certify that the above information in true and correct and that I have read and understand the Stipulated Conditions. Failure to comply with the policy could result in disciplinary action up to and including termination of employment.			
		loyee Signature	Date
Recommend: Approval		EMARKS/COMMEN	
Recommend Approvai	Disappiovai		15.
Immediate Supervisor's Signature/Date			
Recommend: : Approval	Disapproval R	EMARKS/COMMEN'	TS:
Department/Division Head Signature/Date			
Department/Division Head Signature/Date Percommand: Approval Disapproval		REMARKS/COMMENTS:	
Recommend: Approval	Disapproval	EM HAISE COMMITTENTS	•
Lillian Q. Perez-Posads,MN,RN Date Hospital Administrator/CEO			