

Moonlighting Disclosure Form

Employee Name: _____ Department / Manager: _____
Date of Disclosure: _____

Description of Outside Work:

Employer / Client Name (if applicable): _____ Weekly Time
Commitment (estimated hours): _____ Does this activity occur
during your primary working hours? Yes / No Does this activity involve clients, technologies, or
subject matter that overlap with your current role? Yes / No

If yes, please describe:

Will you use company-provided equipment, systems, or data for this activity? Yes / No

Employee Certification: I confirm the above information is accurate and complete. I understand
this disclosure does not constitute approval of the outside work. Any required changes or
restrictions will be communicated following the review.

Employee Signature: _____ Date: _____ Manager
Signature: _____ Date: _____ HR Review:
_____ Date: _____

Dual Employment Agreement

This document records the terms [Company Name] and [Employee Name] have agreed to
around the outside work described below.

Outside Employer / Activity: _____ Permitted Hours:
_____ Permitted Scope:

Terms:

The outside work will not occur during scheduled primary working hours or conflict with
availability commitments to [Company Name].

Company information, IP, tools, credentials, and resources won't be used in connection with the
outside work.

The outside work doesn't conflict with [Company Name]'s conflict of interest policy as currently defined.

If the outside work changes in scope or nature in ways that could create overlap with the employee's primary role, the employee notifies [Company Name] promptly.

[Company Name] may revisit or cancel this agreement if performance, availability, or adherence to these terms changes in material ways.

Employee Signature: _____ Date: _____ HR Authorized
Signature: _____ Date: _____