SAN MARCOS UNIFIED SCHOOL DISTRICT

CERTIFICATION OF OUTSIDE EMPLOYMENT

Name:_____Date of Injury:_____

INSTRUCTIONS:

1. Please document all current and previous (within the last 12 months) employment outside San Marcos Unified School District whether paid or unpaid.
2. Include work done for family or friends or self-employment (having or starting your own business).
3. Please include unpaid volunteer work (denote as "Volunteer").
4. Use a separate form for each outside employer.
5. Please include all *pending* employment, *pending* volunteer work, or any business you are considering starting.
6. Complete **Part A** if you have had no outside work activity **OR** complete **Part B** if you have outside work activity.

Do not complete both sections

Part A

I have no employment/volunteer work as defined above other than my position with San Marcos Unified School District. I agree to keep the SMUSD Risk Management informed if my outside employment or volunteer activities change throughout the course of my workers' compensation claim with SMUSD. My signature below confirms that the above statement under penalty of perjury is true and complete to the best of my knowledge.

_____ _____

Employee Signature Date Signed

Part B

Outside Employer's Name:_____
Outside Employer's Address: _____
Outside Employer's Telephone: _____
Outside Employer Supervisor: _____
Outside Employer's Workers' Compensation Insurance: _____
Type of outside employment and duties:_____

Number of hours per week you work this outside job: _____
How long have you worked in this outside job:_____

I understand and agree that San Marcos Unified School District is not liable for any damages, injuries or illnesses incurred through my outside employment/volunteer work. I agree to inform the SMUSD Risk Management Workers' Compensation Office immediately if my outside employment or volunteer activities change at any time throughout the course of my workers' compensation claim with SMUSD. My signature below confirms that the above statement under penalty of perjury is true and complete to the best of my knowledge.

_____

Employee Signature Date Signed