

## OUTSIDE EMPLOYMENT REQUEST FORM

The following serves as a request form for an AmeriCorps VISTA member who wishes to hold outside employment. Please complete the form and submit it to your AmeriCorps VISTA Supervisor. He or she will, upon approval/disapproval determination, submit the form to the CNCS State Office.

Name:

NSPID (you can find this on your My AmeriCorps portal member home page):

AmeriCorps VISTA Sponsor:

Name of Outside Employer:

Description/Type of Work:

Estimated Number of Hours of Work per Week:

Start Date of Employment:

CHECKLIST	YES	NO
1. Is a commitment to your assigned AmeriCorps VISTA project your paramount focus?		
2. Will the VISTA project's needs supersede any requirements of your outside employment?		
3. Will you be an employee of or contractor for the sponsor, sub-recipient, or other partner-related organization to which you or any other VISTAs at your sponsor are assigned to serve?		
4. Is the outside employment part-time?		
5. Does/will the outside employment conflict with your VISTA service or service hours?		
6. To the best of your knowledge, does the outside employment violate any applicable Federal, state, and local laws and regulations?		
7. To the best of your knowledge, does the outside employment conflict with any AmeriCorps VISTA program requirements or policies?		
8. I have reviewed the AmeriCorps VISTA Outside Employment Policy in its entirety.		

AmeriCorps VISTA's Name: \_\_\_\_\_

Date: \_\_\_\_\_

AmeriCorps VISTA member submits the form to their supervisor for approval or disapproval decision.

Supervisor's \_\_\_\_\_ of the form indicates his or her receipt of this form and approval/disapproval of the VISTA's request to hold outside employment while serving as an AmeriCorps VISTA member; it does not signify that the supervisor has inspected the outside employment arrangement. No such inspection is required.

### SUPERVISORY DETERMINATION

*I approve the request for outside employment.*

YES	NO

Reason for disapproval:

Supervisor's Name (Type): \_\_\_\_\_ ) \_\_\_\_\_

*Supervisor reviews, makes a determination, and submits the completed form via email to CNCS State Program Officer and [VISTAOutsideEmploymentRequest@cns.gov](mailto:VISTAOutsideEmploymentRequest@cns.gov).*