

FOR IMAGING ONLY	PERSONNEL ID	DOC DATE	SECTION	DOC TYPE	SUB DOC TYPE	HR REP
	20012618	11/08/2023	Training	Form	Outside Employment	M. Fitzgerald



Notification of Outside Employment

Date
11/08/2023

Section 1. Employee Information

Employee's Name <i>Don Kresse</i>		Personnel ID Number <i>20012618</i>
Job Title <i>PSW3</i>	Administration <i>BHA</i>	Division / Program <i>WSH</i>

Do you hold any other employment outside of the Department of Social and Health Services?

- ☐ I do not have outside employment. Skip Section 2. Review and complete Section 3.
- ☒ I have outside employment. Complete Section 2 and move to Section 3.
- ☐ I am seeking outside employment (check this box prior to starting outside / self-employment).
- ☒ I am currently engaged in outside employment (check this box to report current outside employment / continuing outside employment as part of an annual review).

Section 2. Employee Outside Employment Information

Name of Proposed or Current Outside Employer <i>DCYF</i>	Hours Per Week <i>30</i>	Date of Employment <i>8/1/2010</i>
Address of Outside Employer (Physical Address) <i>6860 Capitol Blvd SE</i>	City <i>Tumwater</i>	State <i>WA</i>
		Zip Code <i>98501</i>
Job Title <i>SSSS</i>	Location of Employment <i>Remote</i>	

Description of Duties

Afterhours Supervisor

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Is the employer / business a client of any division of the Department of Social and Health Services (DSHS)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does the employer / business do business with DSHS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does the employer / business advocate or publicize practices or methods that would attempt to influence policies of DSHS or any of its divisions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Does this job / business involve activities which are normally a part of your responsibilities with DSHS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is there any other factor which could be a potential conflict with your responsibilities as a DSHS employee? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Explain all of your yes answers: | | |

Section 3. Household Member with Private / Self-Employment Business Information

Do you have a Household Member with private / self-employment business information?

"Household member" is defined as a person who resides in the same household with mutual household and financial support duties, such as a spouse or domestic partner.

- ☐ Yes. Complete the remainder of Section 3.
☒ No. Skip Section 3 and complete Section 4.

Household (HH) Member's Name

Address of Outside Business (Physical Address) City State Zip Code

HH member's private business description of duties / business

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the employer / business a client of any division of the Department of Social and Health Services (DSHS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the employer / business do business with DSHS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the employer / business advocate or publicize practices or methods that would attempt to influence policies of DSHS or any of its divisions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this job / business involve activities which are normally a part of your responsibilities with DSHS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any other factor which could be a potential conflict with your responsibilities as a DSHS employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Explain all of your Yes answers: | | |

Section 4. Employee Acknowledgement

I understand this notification of outside employment will be made a part of my personnel file.

Employee's Signature



Date

11/8/23

Supervisor Review – only required if outside employment or HH member business reported		
<input checked="" type="checkbox"/> No Conflict <input type="checkbox"/> Conflict	Signature <i>Stephanie Waterman</i>	Date 11/8/23
Chief of Staff / Assistant Secretary / Senior Director / Division Director / Institutional Superintendent / Hospital Chief Executive Officer Review		
<input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict	Appointing Authority's Signature	DATE
Reason if deemed in Conflict (i.e., Interferes with Job Performance, etc.)		
Appointing Authority's Immediate Supervisor Reconsideration Review (for Appeal of Requests Deemed in Conflict Only)		
Follow-Up Action Required for in Conflict Determination		
<input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict	Appointing Authority's Supervisor's Signature	Date