

Ohio Department of Medicaid
NOTIFICATION OF OUTSIDE EMPLOYMENT

Name	Employee ID	Date
Classification	Office/Bureau/Unit	
ODM Supervisor/Manager		
Outside Employer	Telephone Number	
Employer's Address	City/State/Zip	
Title of Position	Working Hours on Same Days as Agency Work <i>(e.g., 6pm -10 pm)</i>	
Average Number of Hours Worked on Same Days as Agency Work		
Duties Performed		

<p>Does this employer hold a service contract or supply services to ODM or another state agency? If yes, explain.</p>

I have read and understand ODM-IPP 5003 Outside Employment. If there is a significant change in any of the above information, I may be required to submit a new Notification of Outside Employment form.

Employee Signature	Date
Supervisor/Manager Signature	Date
Deputy Director Signature	Date

<p>Comments</p>
