BP-A0543
JUN 10

REQUEST FOR APPROVAL FOR OUTSIDE EMPLOYMENT WITHIN ONE'S PROFESSION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

For OGC Use Only

No. _____

Name		Position
Grade	Institution	Telephone Numbers (FTS and Comm)

Will the Employment be : ◯ Compensated ◯ Voluntary

Place of employment and work schedule (Days of week, Hours each day). If work is unscheduled, indicate approximately the expected frequency and duration of employment activity.

Nature of work to be Performed

Does the employer have any contractual relationships with the U.S. Government ?	◯ Yes	◯ No
Does this employment relate to the protection of persons or property?	◯ Yes	◯ No
Is the use of a weapon authorized ?	◯ Yes	◯ No

Identify below the Employer (organization or Person) and other applicable information such as principal investors or backers, Supervisor (s), and/or Subordinate (s)

Role	Name	Address	Phone

Are any of the persons named above known by you to be present or former inmates of the Federal Bureau of Prisons or a relative/associate of an inmate?

◯ Yes ◯ No

If yes, indicate names, relationship

Employee's Signature _____ Date _____

Approval by Supervisor _____ Date _____

Approval by CEO _____ Date _____

Approval by Regional Director _____ Date _____

Approval by Ethics Officer _____ Date _____

Approval by Director _____ Date _____