



Anchorage School District

Reporting of Contemporaneous Employment

In accordance with AMC 1.15.025(c) and ASD School Board Policy 930, regular* employees who have or intend to have contemporaneous service or employment, including self-employment, must report that service or employment under certain conditions. [*non-temporary employees and long-term substitutes]

Please answer the questions below to determine if there is a need to report contemporaneous employment.

1. Yes No Is the contemporaneous service or employment in a profession, skill, or trade **the same as** any profession, skill or trade you perform as part of your job duties for the Anchorage School District?
2. Yes No Is the contemporaneous service or employment performance period **within any portion** (i.e. not entirely outside) of your scheduled work year for ASD?
3. Yes No Is the contemporaneous service or employment with a company that **currently does business** with the Anchorage School District? [If unknown, please call the Purchasing Department at 742-8625 for assistance.]
4. Yes No Is the contemporaneous service or employment with a company that **wishes to do business** with the Anchorage School District?

If the response to any of the above questions is "Yes," please complete the remainder of this form then submit it to your supervisor and send a copy to the ASD Purchasing Department.

ASD Employment:

ASD Employee's Name:	Mailing Address:
_____	_____
ASD Position*:	(city, state, zip)
_____	_____
School/Dept:	Work Phone #:
_____	_____
Date Submitted:	Home/ Cell Phone #:
_____	_____

_____ I have attached a copy of my ***ASD job description** for the position listed above. (initial: _____)

_____ I acknowledge I am responsible for reviewing the appropriate Board and Municipal policies and complying with the contemporaneous service or employment requirements therein. (initial: _____)

Contemporaneous Employment:

I am **self-employed** for the purposes of contemporaneous employment. Yes No

Name of business where you are or intend to be contemporaneously employed: _____

Address of business: (street address) _____
(city, state, zip) _____

Business phone number: _____

Alaska Business License number: _____

Dates of contemporaneous employment: beginning _____ to _____

Job title of contemporaneous employment position: _____

Description of contemporaneous employment duties: _____

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is a violation of AMC 1.15.

Employee Signature

Date

Print supervisor's name: _____

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Supervisor's comments:

Supervisor Acknowledgement

Date

Cabinet Level Signature

Date

Approved

Not approved

Approved contingent upon the following terms & conditions:

Employee should complete and sign the form and forward it to his/her supervisor who will sign and forward to their direct report to the Superintendent. Employee should send a copy of submitted form to the Purchasing Department. The employee will be contacted if there are any additional questions or concerns. The completed form will be kept on file at the ASD Education Center and the employee will receive a copy.