

Anchorage School District Reporting of Contemporaneous Employment

In accordance with Anchorage Municipal Code and Anchorage School Board Policies, regular* employees who have or intend to have contemporaneous service or employment, including self-employment, must report that service or employment under certain conditions. Employees must comply in all respects with Anchorage School Board Policies 4135 and 4136 (or 4235 and 4236 for classified; 4335 and 4336 for managers) and with AR 4135.3 (or 4235.3/4335.3). Employees may not provide services to students on ASD caseload. Employees may not use ASD time or resources to solicit business. *defined as non-temporary employees or long-term substitutes

Please answer the questions below to determine if there	e is a need to report contemporaneous employment:	
1. 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 at the Anchorage School District? $\ \square$ Yes $\ \square$ No		
	erformance period within any portion (i.e. not entirely	
outside) your scheduled work year for ASD? ☐ Yes ☐ No		
	th a company that currently does business with the	
Anchorage School District? (If unknown, please call the	he Purchasing Department at 742-8625.) ☐ Yes ☐ No th a company that wishes to do business with the	
4. Is the contemporaneous service or employment wi Anchorage School District?	Tracompany that wishes to do business with the ☐ Yes ☐ No	
Andriorage School district:	☐ TeS ☐ NO	
If the response to any of the above questions	s is yes, please complete the remainder of this form.	
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 □ I acknowledge I am responsible for reviewing the approximation complying with the contemporaneous service or error. 	propriate Anchorage School Board and Municipal policies and	
Contemporaneous Employment:		
I am self-employed for the purposes of contemporane	ous 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:	
Contemporaneous employment days of the week worked:	
Contemporaneous employment working hours:	
I certify to the best of my knowledge that my statement is true, correct, a or punishment that may apply, the submission of a false statement is a v	
Employee Signature	Date
Print supervisor's name:	
Supervisor's comments:	••••••
Supervisor Acknowledgement	Date
Chief Human Resources Officer Signature	Date
☐ Approved	☐ Not approved
☐ Approved contingent upon the following terms & conditions:	

Employee should complete the form and forward it to his/her supervisor. The supervisor will acknowledge the form and forward the original to the Chief Human Resources Officer and a copy to the Purchasing Department. The employee will be contacted by the Chief Human Resources Officer 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.