



**STANDING ROCK SIOUX TRIBE**  
 Human Resource Department  
 PO Box D  
 Ft Yates, ND 58538  
 Telephone: (701) 854-3826  
 Fax: (701) 854-8533  
 personnel@standingrock.org

**Request for Approval of Outside Employment**

Employee Name: \_\_\_\_\_ SRST Position Title: \_\_\_\_\_

SRST Program: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name & Address  
 Of Outside Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# of Hours of Work (per day): \_\_\_\_\_

The Outside Employment is: Volunteer/Internship  With an End Date of: \_\_\_\_\_

- Temporary
- Permanent/Part-Time
- Seasonal

In connection with this request, I am attaching a detailed description of the outside employment in which I wish to engage. I understand that the approval is subject to the following restrictions:

- 1) My outside activity will be entirely confined to non-working hours; or arrangement that has prior approval.
- 2) My outside activity will not in any way interfere with my services to Standing Rock Sioux Tribe.
- 3) Standing Rock Sioux Tribe equipment will not be used;
- 4) My outside activity will not imply official sanction, support or participation in any Political Activity;

I have reviewed and understand SRST Policy & Procedures

Signature of Employee:	Position/Title:	DATE
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Supervisor will consider the following criteria before recommending approval or disapproval.

- 1) Provisions of applicable law & Policies; *Title XVIII & SRST Policy & Procedures*
- 2) General attendance record of employee;
- 3) Amount of hours of work required by the outside employment or activity; and
- 4) The possibility of conflict of interest or appearance thereof. Actions taken or decisions made by the employee in carrying out duties of outside employment or activity must not:
  - a) Affect/ influence actions taken or decisions made in connection with SRST duties, whether or not the effect is adverse.
  - b) Permit use of the employee's position for personal gain or influence.
  - c) Involve use of official SRST information not generally available to the public.

*Ensure Employee completes attached waiver			
Signature of Immediate Supervisor	Approved	Disapproved	DATE
Signature of Director	Approved	Disapproved	DATE
Signature of Human Resource Manager	Approved	Disapproved	DATE



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### Outside Employment Waiver Form

Employee must obtain prior approval from the Standing Rock Sioux Tribe (SRST) Program or Department before undertaking outside employment. Employee must sign this waiver in order to be granted permission to engage in outside employment.

Employee does hereby waive and release Standing Rock Sioux Tribe from liability, expenses or costs because of any occupational injury or occupational sickness incurred by reason of any employment performed by Employee other than as an employee of Standing Rock Sioux Tribe. Employee further releases Standing Rock Sioux Tribe from any claim for wages or any benefits for the accrual of sick and vacation leave during his or her absence caused by such occupational injury or occupational sickness from employment performed other than as an employee of Standing Rock Sioux Tribe. Employee agrees and understands that he or she will be responsible for payment of all medical, and life insurance policy premiums during his or her absence caused by such occupational injury, or occupational sickness, commencing the first month after the month of such injury or sickness, excepting that such premiums will continue to be paid by Standing Rock Sioux Tribe during the period an employee makes use of previously accrued sick leave and vacation benefits in amounts required by Standing Rock Sioux Tribe for benefit eligibility. Employee does not waive any sick or vacation leave that he or she has accumulated.

**\*Please allow my signature below to stand as explicit consent and agreement to the above statement and terms.**

Employee Name (*Print*) \_\_\_\_\_ Date: \_\_\_\_\_

Program/Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**PERSONNEL OFFICE**

Has employee completed Approval Request Form: **Yes** (*Date HR Received Form:* \_\_\_\_\_ ) **No**

Supervisor has Approved: **Yes** **No**

Comments:

HR Initials: \_\_\_\_\_