

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

**REQUEST TO ENGAGE IN
OUTSIDE EMPLOYMENT OR BUSINESS ACTIVITIES**

Directive 51735-001A

Name	Grade	Salary \$	Length of CBP Employment	
Position Title		Office, Port or Station where employed by CBP		
Office Hours of Work		Days of Normal Work Week	If over 40 hours indicate periods involving premium or overtime	
From: AM PM <input type="checkbox"/> <input type="checkbox"/>	To: AM PM <input type="checkbox"/> <input type="checkbox"/>			
OUTSIDE EMPLOYMENT INFORMATION				
Nature and detailed description of outside employment				
Name and address of outside employer		Type of business		
Does employer engage in importation of merchandise for sale in the United States? If answer is Yes, specifically explain the relationship of his/her business contact with Customs and Border Protection.				
Does employer do business with other Federal agencies or represent clients on matters, which affect the interest of the United States Government? (This includes employment with attorneys or accountants who are authorized to practice before U.S. Courts or other regulatory organizations.) If answer is Yes, give details.				
Specific hours of outside employment		Number of outside employment hours		Days of the week you expect to work
From AM PM <input type="checkbox"/> <input type="checkbox"/>	To AM PM <input type="checkbox"/> <input type="checkbox"/>	Daily	Weekly	
<p>I hereby certify that my services in connection with the outside employment or business referred to above will not conflict with or infringe on my duties with or responsibilities to the U.S. Customs and Border Protection and that the statements made herein are complete and correct to the best of my knowledge. I have read and understand the regulations on outside employment (5CFR 2635.802 and 5CFR3101.110(a) and I understand that if my outside employment or business request is approved that I must</p> <p><input type="checkbox"/> (a) Submit another written request for approval if the nature of the employment or business changes.</p> <p><input type="checkbox"/> (b) Submit another written request for approval upon movement or transfer to a different approving official.</p> <p><input type="checkbox"/> (c) Notify my supervisor, in writing, when my approved employment or business activity is terminated.</p>				
Employee's Signature			Date	
RECOMMENDATIONS BY IMMEDIATE SUPERVISOR AND OTHER OFFICIALS (indicate reason(s) where disapproval is recommended or, in cases with unusual circumstances where approval has been recommended.)				
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature and Title of Immediate Supervisor		Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature and Title of Immediate Supervisor		Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature and Title of Immediate Supervisor		Date	