



# Anchorage School District

## Reporting of Contemporaneous Employment

In accordance with AMC 1.15.090 and ASD School Board Policy 930.2, regular\* employees who have or intend to have contemporaneous service or employment, including self-employment, must report that service or employment under certain conditions. [*\*defined as non-temporary employees and long-term substitutes*]

Please answer the questions below to determine if there 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 for the Anchorage School District?  Yes  No
  
2. Is the contemporaneous service or employment performance period **within any portion** (*i.e. not entirely outside*) of your scheduled work year for ASD?  Yes  No
  
3. Is the contemporaneous service or employment with a company that **currently does business** with the Anchorage School District?  Yes  No [If unknown, please call the Purchasing Department at 742-8625 for assistance.]
  
4. Is the contemporaneous service or employment with a company that **wishes to do business** with the Anchorage School District?  Yes  No

**If the response to any of the above questions is yes, please complete the remainder of this form.**

**ASD Employment:**

ASD Employee's Name: \_\_\_\_\_ ASD Position\*: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 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 School 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: \_\_\_\_\_  
 Beginning and ending dates of contemporaneous employment: \_\_\_\_\_  
 Job title of contemporaneous employment position: \_\_\_\_\_  
 Description of contemporaneous employment duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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, 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: \_\_\_\_\_



Supervisor's comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer Signature

\_\_\_\_\_  
Date

Approved

Not approved

Approved contingent upon the following terms & conditions:

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**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 send 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.**