Outside Employment Form

Name: Click or tap here to enter text. Claim #Click or tap here to enter text.

Address:Click or tap here to enter text.

Current Job Title and Duties with State of NJ:Click or tap here to enter text.

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**Outside employment**: Are you currently engaged in or planning to engage in any business, trade, profession and/or part time or full time employment (includes paid or unpaid):

Name (s) of Employers or Business (es):Click or tap here to enter text.

Job title and description of duties:Click or tap here to enter text.

Hours worked per week:Click or tap here to enter text.

**If you obtain additional employment at any time during treatment for your Workers' Compensation claim you must contact your claims investigator to disclose the name of the employer and job responsibilities.**

Click or tap here to enter text. Click or tap here to enter text.

Signature Date