



# State of New Jersey

DEPARTMENT OF THE TREASURY  
DIVISION OF RISK MANAGEMENT

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MIKIE SHERRILL  
*Governor*

DR. DALE G. CALDWELL  
*Lt. Governor*

AARON BINDER  
*Acting State Treasurer*

## Outside Employment Form

Name: Claim # \_

Address:

Current Job Title and Duties with State of NJ:

**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) outside or in addition to your State employment.? YES  NO

Name(s) of Outside Employers or Business(es):

Job title and description of duties:

Hours worked per week:

**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.**

Signature:

Date:

01/22/26

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