

As an American Airlines employee, you are allowed to be employed outside the Company as long as your outside employment does not constitute a conflict of interest. Your primary loyalty should always be to the Company, and it is up to you to avoid situations that could call your loyalty into question. You may not engage in any outside employment that might affect your objectivity and independence of judgment in carrying out your duties and responsibilities. For your request to be considered, please complete this form below and provide to your manager.

### SECTION 1 – WORKING WHILE ON INJURY ON DUTY OR A SICK LEAVE OF ABSENCE

Employees who engage in outside employment during an occupational injury or medical leave of absence must comply with Company policy regarding outside employment. In addition, the following criteria must be met while you are out on an occupational injury or sick leave of absence:

- You must notify your treating physician that you have secondary employment in addition to your position at American Airlines
- Employment while on an occupational injury or sick leave of absence must remain consistent with the restrictions placed upon you by your treating physician
- Employment must not impede or otherwise interfere with your recovery and return to duty as an employee for American Airlines, including fully complying with all treatment plans prescribed by your treating physician
- You must fully report all earnings to the Workers' Compensation Third Party Carrier and/or Long Term Disability Carrier
- You must comply with all Company policies, procedures and, if applicable, all aspects of the applicable collective bargaining agreement during this period and when you return to work

### SECTION 2 – EMPLOYEE INFORMATION

Employee Name:	EE# :	Supervisor:	Station/Base:
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### SECTION 3 – OTHER EMPLOYER/PROSPECTIVE EMPLOYER

Employer:			
Address:	City:	Zip:	Nature of business:
Position Applied For:	Supervisor:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

### SECTION 4 – WORK SCHEDULE

<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	Work Hours:	From:	To:
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### SECTION 5 – JOB DUTIES

Job Duties:				
Essential Functions:	<input type="checkbox"/> Lifting (up to)	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking	<input type="checkbox"/> Driving

✓ I hereby confirm that I have reviewed the requirements above and all the information provided is true and correct.

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Management Use Only

Work related injuries ..... Fax Form to: 817-931-2792  
Non work related injuries ..... Contact your HR Business Partner