

OTHER EMPLOYMENT REQUEST AND VERIFICATION

EMPLOYEE INFORMATION

Name _____ SS# _____ EID# _____

Title _____ Work Unit _____

Work Schedule and Hours _____

Date Submitted _____ Signature _____

OTHER EMPLOYMENT INFORMATION

I am requesting permission to engage in the following secondary employment activity:

Employer

Type of Business

Business Address

Business Telephone No.

Supervisor's Name

Work Schedule and Hours

Briefly describe duties and responsibilities:

NOTE: Employees seeking secondary employment who are in the job chaplain, fireman, physician, dentist, psychologist, registered nurse, licensed practical nurse, or a person with a doctoral or master's degree from an accredited college or university must adhere to paragraph IV.I. of the SOP.

☐ Check here if other employment has ended and provide end date:

Signature: _____ Date Submitted: _____

APPROVAL/DENIAL

☐ APPROVAL ☐ DENIAL

Immediate Supervisor's Signature

Date

Immediate Supervisor's Title

Appointing Authority's Signature

Date

Appointing Authority's Title