Request for Approval of Outside/Secondary Employment

(Complete sections A, B and C and return to Human Resources – Do not forward to your manager for signature)

A. Employee Information (Please print)		
Name:	Employee ID:	Division:

B. Outside/Secondary Employment Information
☐ **A**. I have outside/secondary employment.
☐ **B**. I plan to have outside/secondary employment beginning: (Estimated start date)
☐ **C**. I do not have outside/secondary employment.

Complete information below if you checked <u>A</u> or <u>B</u> above:

Secondary Employer:	
Type of Business:	
Business Address:	Work Schedule/Hours:
Supervisor's Name:	Business Phone #:
Description of Job Responsibilities:	

C. Employee Acknowledgement

I acknowledge that I have read the State Personnel Board Rule 478-1-.07, Outside Employment, and agree to comply in accordance with the provisions of this policy and I request approval to engage in outside/secondary employment as described on this form. I understand that my employment with the State Accounting Office is my primary employment and if this request is approved, my outside/secondary employment will not:
- Conflict with my current duties and responsibilities;
- Constitute a violation of any applicable federal law, state law, regulation, or Agency policy;
- Provide the potential for improper decisions in Agency activities; or
- Present an actual or perceived conflict of interest.

I also agree to notify my manager of any changes in the circumstances regarding my outside/secondary employment.

Employee Signature:	**Date**:

D. Outside/Secondary Employment Recommendation
(For HR use only)

My signature below indicates that I have reviewed the criteria for outside/secondary employment in State Personnel Board Rule 478-1-.07, Outside Employment, and based on the criteria, reflects my recommendation regarding the outside/secondary employment of this employee.

☐ Approve ☐ Deny	
Signature of Manager/Supervisor:	Date:

☐ Approve ☐ Deny	
Signature of Deputy State Accounting Officer:	Date:

Special Condition(s) Required for Approval (if applicable) or Reason(s) for Denial: