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 A or B 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. If I have reported outside/secondary employment in section B, I request approval to engage in outside/secondary employment as described on this form. I understand that my employment with the State Accounting Office (SAO) 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 agree that I will be available and reachable during my scheduled work hours with SAO and responsive to telephone calls, email messages and chat messages. 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 - Manager/Supervisor:	Date:
☐ Approve ☐ Deny	
Signature - Deputy SAO/CCO/CIO:	Date:
Special Condition(s) Required for Approval (if applicable) or Reason(s) for Denial:	