

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 employ	ment.		
☐ 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 Sta			
. , ,			
I acknowledge that I have read the Sta Employment, and agree to comply in a If I have reported outside/secondary e	nccordance with the provision mployment in section B, I rec	ns of this policy. quest approval to engage	
I acknowledge that I have read the Sta Employment, and agree to comply in a If I have reported outside/secondary e in outside/secondary employment as o	nccordance with the provision mployment in section B, I red lescribed on this form. I und	ns of this policy. quest approval to engage erstand that my	
I acknowledge that I have read the State Employment, and agree to comply in a lift I have reported outside/secondary e in outside/secondary employment as comployment with the State Accounting request is approved, my outside/secondary.	nccordance with the provision mployment in section B, I red lescribed on this form. I und Office (SAO) is my primary ndary employment will not:	ns of this policy. quest approval to engage erstand that my	
I acknowledge that I have read the Statemployment, and agree to comply in a lift I have reported outside/secondary e in outside/secondary employment as comployment with the State Accounting request is approved, my outside/seconsecond. Conflict with my current duties and	mployment in section B, I reclescribed on this form. I under Office (SAO) is my primary employment will not: responsibilities,	ns of this policy. quest approval to engage erstand that my employment and if this	
I acknowledge that I have read the State Employment, and agree to comply in a lift I have reported outside/secondary e in outside/secondary employment as comployment with the State Accounting request is approved, my outside/secondary.	mployment in section B, I red lescribed on this form. I und Office (SAO) is my primary ndary employment will not: responsibilities, able federal law, state law, re	ns of this policy. quest approval to engage erstand that my employment and if this gulation, or Agency policy,	
I acknowledge that I have read the State Employment, and agree to comply in a state of the II have reported outside/secondary e in outside/secondary employment as a semployment with the State Accounting request is approved, my outside/secondary employment with my current duties and Constitute a violation of any application.	mployment in section B, I red described on this form. I und Office (SAO) is my primary ndary employment will not: responsibilities, able federal law, state law, re decisions in Agency activities	ns of this policy. quest approval to engage erstand that my employment and if this gulation, or Agency policy,	
I acknowledge that I have read the State Employment, and agree to comply in a state of the state	mployment in section B, I red lescribed on this form. I und Office (SAO) is my primary ndary employment will not: responsibilities, able federal law, state law, re lecisions in Agency activities flict of interest.	quest approval to engage erstand that my employment and if this gulation, or Agency policy, or	
I acknowledge that I have read the State Employment, and agree to comply in a state of the It I have reported outside/secondary e in outside/secondary employment as a semployment with the State Accounting request is approved, my outside/secon • Conflict with my current duties and • Constitute a violation of any applica • Provide the potential for improper of • Present an actual or perceived con	mployment in section B, I red described on this form. I und Office (SAO) is my primary ndary employment will not: responsibilities, able federal law, state law, re lecisions in Agency activities flict of interest.	quest approval to engage erstand that my employment and if this gulation, or Agency policy, or work hours with SAO and a laso agree to notify my	
I acknowledge that I have read the State Employment, and agree to comply in a lif I have reported outside/secondary e in outside/secondary employment as a employment with the State Accounting request is approved, my outside/secon • Conflict with my current duties and • Constitute a violation of any applica • Provide the potential for improper of • Present an actual or perceived con I agree that I will be available and read responsive to telephone calls, email me	mployment in section B, I red described on this form. I und Office (SAO) is my primary ndary employment will not: responsibilities, able federal law, state law, re lecisions in Agency activities flict of interest.	quest approval to engage erstand that my employment and if this gulation, or Agency policy, or work hours with SAO and a laso agree to notify my	



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 478-107, 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:			
	-		