

**REQUEST FOR APPROVAL OF OTHER EMPLOYMENT**

*Employees are **not** authorized to begin other employment **prior** to receiving written approval from the Supervisor and Authorized Official, or designee.*

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**TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL**

Name of Employee \_\_\_\_\_

Date \_\_\_\_\_

Organizational Unit/Location \_\_\_\_\_

Job Title \_\_\_\_\_

**(List name of potential employer, duties, time, obligations, and duration of employment. Attach additional documentation if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is to request permission for other employment as defined in DHR Human Resources/Personnel Policy #1203 – Other Employment, which has been read by me. If this request is approved, my other employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the department.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

This request is to be reviewed to ensure that the requested other employment does not conflict with the employee's current duties and responsibilities, provide the potential for improper decisions in departmental activities, or present an actual or perceived conflict of interest.

( ) Approved \_\_\_\_\_

( ) Denied \_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

( ) Approved \_\_\_\_\_

( ) Denied \_\_\_\_\_  
Authorizing Official

\_\_\_\_\_  
Date

Reason for Denial/Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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*Copies of the completed request form are to be provided to the employee and supervisor and should be maintained by the DHR organizational unit, or as otherwise directed.*