

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.*

TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL

Name of Employee _____ Date _____

Organizational Unit/Location _____ Job Title _____

Is position for which you are requesting approval FLSA non-exempt? ___ Yes ___ No ___

Is the position full time? Yes ___ No ___ If no, how many hours per week will you be employed? _____

(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 DBHDD Human Resource Policy #1203 – Other Employment. If this request is approved, DBHDD remains my primary employer.

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, present an actual or perceived conflict of interest, or otherwise violate Federal or State Laws, or DBHDD Policies.

() Approved _____
() Denied _____ Supervisor Date

() Approved _____
() Denied _____ Authorizing Official Date

Reason for Denial/Special Conditions: _____

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