

## SECONDARY EMPLOYMENT REQUEST FORM

Name:	Date:
Department:	Job Title:
I hereby request approval to engage in outside employment as described below:  Nature of employment:	
Time required for employment:	
outside employment or business opportuinterfere with my job especially while on equipment or materials for outside employment, I must receive approperforming such outside employment, arunderstand and agree that my outside en North Augusta is sick leave, FMLA leave	sta Personnel Policy 104.06 forbids me from engaging in any form of unity, for myself or another employer, which would conflict or company time. Additionally I understand that using company byment is strictly prohibited. I understand that in order to engage in roval from my supervisor and Department Director in advance of add that the approval may be withdrawn at any time. I also employment must be suspended if my work status with the City of experiments, workers compensation leave, or restricted/light duty. I understand did result in disciplinary action up to and including termination of
Employee signature	Date
DEPARTMENT DIRECTOR ACT Request ApprovedReq  Comments or Special Conditions:	
Director Signature	 Date

Forward completed form to the Human Resource Department