

FOR DOA USE ONLY
HRD JACKET NO _____
CONTROL NO.: _____
PROCESSED BY: _____

REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT AND BUSINESS ACTIVITIES

() New Application	() Renewal	Date:
Name of Employee	Department	SS No:
Position Title	Work Schedule (Specify Days and Time):	

OUTSIDE EMPLOYMENT AND BUSINESS ACTIVITY INFORMATION

Employer:	Location:
Nature of Work:	Contact No.:
Work Schedule (Specify Days and Time):	Desired Employment Date (Must not be prior to approval of this request):

I have read and understood the provisions of Chapter 7.950 of the Department of Administration's Personnel Rules and Regulations. If there should be any changes to this request, I must notify the Director, Department of Administration.

(EMPLOYEE SIGNATURE)

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ DIVISION HEAD/SUPERVISOR'S SIGNATURE / DATE	REMARKS:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ DEPARTMENT HEAD SIGNATURE / DATE	REMARKS:

cc: Human Resources Division - DOA