

REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

TO: ROWAN COUNTY HUMAN RESOURCES

FROM: _____
(Employee's Name) (Position) (Dept)

DATE: _____

1. _____
(NAME OF OUTSIDE EMPLOYER AND NATURE OF BUSINESS)

2. Explain below in complete detail, the type of work you will perform for the secondary employer.

3. Approximate number of hours worked per week _____
Indicate days and times of work _____

Approval is made with the understanding that you may not be called off your County job during working hours for the performance of any secondary work. Furthermore, no leave without pay will be granted for the purpose of secondary employment under any circumstances.

I have read or had read to me and understand the policy governing secondary employment for Rowan County. The secondary work I have requested is, in my opinion, within the regulations of this policy. I will inform my supervisor of any change in the type and hours of work that may occur contrary to this agreement.

(Signature of Employee)

On the basis of the above information, your request to engage in secondary employment will be considered.

APPROVED _____ NOT APPROVED _____

IMMEDIATE SUPERVISOR DATE

DEPARTMENT DIRECTOR DATE

HUMAN RESOURCES DIRECTOR DATE