



# DISTRICT 2 PUBLIC HEALTH

## STANDARD REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Employees are **not** authorized to begin other employment **prior** to receiving written approval.

### TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL

Name of Employee \_\_\_\_\_ Division \_\_\_\_\_  
Organizational Unit \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Potential Employer \_\_\_\_\_

Describe the duties, time obligations, and duration of employment. Attach additional documentation, if necessary.

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

Type of Employment:  Temporary/Seasonal  On-going  Full-time  Part-time  
Days to be worked: No. of days \_\_\_\_\_  Weekdays  Weekends  No set days  
Hours to be worked: No. of hours \_\_\_\_\_ Times \_\_\_\_\_  
How will you be compensated?  Fee  Salary  Expense Reimbursement  
 Per diem  Honorarium  Other \_\_\_\_\_

If this request is approved, my secondary 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 \_\_\_\_\_

### TO BE COMPLETED BY APPROPRIATE SUPERVISORY OFFICIALS

Approved \_\_\_\_\_  
 Disapproved \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Disapproved \_\_\_\_\_ Section Director \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Disapproved \_\_\_\_\_ Division or Office Director \_\_\_\_\_ Date \_\_\_\_\_

Reason for Disapproval or Special Conditions:

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

Forward this completed form to:  
District 2 Public Health, Office of Human Resources, 1280 Athens Street, Gainesville, GA 30507

A copy of the completed request form will be placed in the employee's official personnel file and forwarded to the employee and appropriate supervisory officials