



**Request for Permission to Secure Employment
Outside Regular Working Hours**

INSTRUCTIONS: This form is to be completed in triplicate and signed by the person requesting permission to secure outside employment. The completed form will be distributed as follows: one copy to the employee; one copy in the personnel folder at the unit; and the original form in the employee's official personnel folder.

Name _____

Present position in Department Unit or Facility _____

Unit or Facility _____

Name of Prospective Employer _____

Title of Position _____

Working days and hours _____

Date employment begins _____

Duration of employment _____

Statement of general nature of duties _____

I understand the conditions under which I am permitted to secure outside employment, as outlined on the bottom of this form. I further understand that the approval is given for a specific period of time and may be rescinded by the Department with a two-week notice.

Signature *Date*

The outside employment as identified is approved. This approval is valid until _____ (no more than 1 year or until rescinded by the Department because of a change in conditions. A two week notice will be given for any rescission.

Recommendation: Approve Disapprove Modify _____

Supervisor *Date*

Approved _____

Unit Head *Date*

Disapproved _____

Unit Head *Date*

No employee shall engage in any other employment, nor in any private business, nor in the conduct of a profession, during the hours for which he is employed to work for the State, nor outside such hours in a manner or to an extent that affects or is deemed likely to affect his usefulness as an employee of the Commonwealth. Any employee who engages in any such employment, business or profession outside of this hours of duty, shall notify the appointing authority of his agency, and that officer shall notify the Director of the nature and extent of the employment, business or profession.