

### DUAL EMPLOYMENT APPROVAL FORM

REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY

**TO BE COMPLETED BY EMPLOYEE**

**PRESENT EMPLOYMENT:**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Department:</b> _____	<b>Supervisor:</b> _____
<b>SSN:</b> _____ - _____	<b>Agency:</b> _____
<b>E-mail Address:</b> _____	_____

**ADDITIONAL EMPLOYEE REQUEST:**

I request approval to render additional service to the \_\_\_\_\_  
 (Name of Agency)  
 at \_\_\_\_\_ for the period \_\_\_\_\_ through \_\_\_\_\_  
 (Location of Employment) from \_\_\_\_\_

**for the purpose of:** \_\_\_\_\_

- I  do not; render additional service in any other agency.
- I  **do** render additional service in another agency. The name of that agency is:  
 \_\_\_\_\_

The requested additional service will not interfere with my regular duties.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO BE COMPLETED BY CHIEF ADMINISTRATIVE OFFICER OR DESIGNEE**

\*Approved  Disapproved

Approved through \_\_\_\_\_

Approved with the following limitations: \_\_\_\_\_

This additional service will not interfere with the performance of the employee's regular duties.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_