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 I further understand that the approval is given for a specific period of time and may be rescinded by the Department with a two-week notice.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 This approval is valid until _____ (no more than 1 year or until rescinded by the Department because of a change in conditions.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.