

## Request for Outside or Secondary Employment

## **Instructions**

The requestor completes part 1 and 3, obtains the appropriate signatures of approval in Parts 2 and 4, and forwards this form to the Office of Human Resources (OHR) for permanent placement in the employee's official Personnel Record. The completed original of this form must be submitted to the Office of Human Resources.

1. Outside Employment			
Employee's Name			
Employee's Division/Office	MSDE Classification	MSDE Classification or Job Title	
Describe the position and duties to be perforn	med for the outside employer (ad	d additional pages if necessary):	
Name and Address of Outside Employer			
Estimate Time Required (hours, weeks, days, mo	onths) Starting Date	Completion Date	
Annual or Personal Leave or Compensatory Tim	ne Is Required:	Amount	
Type of Benefit to Employee: ☐ Wage ☐ Hon	orarium 🗆 Other		
2. Secondary Employment			
Employment with another State agency, includi secondary employment. The Appointing Authorithis section to confirm the joint approval of him	rity of the secondary employmen		
Signature of the Appointing Authority Secondary Employment Agency/Institution	Title	Date	

3. Attestation	
affirm that I have read and signed the Ethics Law form and the proposed performance of my regular assigned duties.	d employment will not impede the
Employee's Signature	
4. MSDE Approval Signatures	
☐ Approved ☐ Disapproved	
Supervisor	Date
$\square$ Approved $\square$ Disapproved	
Executive Director or Assistant State Superintendent	
□Approved □ Disapproved	
Deputy State Superintendent	Date
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□Approved □ Disapproved	
State Superintendent or Designee	