



Department of Environment and Natural Resources

REQUEST FOR APPROVAL OF SUPPLEMENTARY (SECONDARY/DUAL) EMPLOYMENT

Date: _____

Employee Information

Name: _____ Division: _____

Position Classification: _____ Duty Station: _____

Home Address: _____
City State

Request: In addition to my work with the Department of Environment and Natural Resources (DENR), I hereby request permission to engage in the supplementary employment described below.

Supplementary Employer

Name: _____ Job Title: _____

Address: _____
Street City State

Nature of employer's business or profession: _____

Description of duties to be performed: _____

Days and hours of employment: _____

Anticipated dates of employment: _____

Statement:: I have ready the policy and procedures governing secondary employment (and dual employment, where applicable) and believe this request complies with the policy. If any substantial change occurs in my supplementary employment after approval, I will report it to my supervisor.

Employee Signature

Recommend Approval: Yes _____ No _____

Immediate Supervisor

Date

Approval: Yes _____ No _____

Division Director

Date

PDF-5 (Revised 8/98)

Distribution: Original - Employee Personnel File
Copies - Division Files
Employee