

VILLAGE OF HANOVER PARK

HUMAN RESOURCES DEPARTMENT

REQUEST FORM FOR SECONDARY EMPLOYMENT

Employee's Name: _____ Department: _____
(Police Officers must use Police Department form)

Secondary Employer:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

Secondary Employment Supervisor:

Supervisor Name: _____

Phone Number: (_____) _____

Secondary Employment Job Title: _____

Brief description of the type of work to be performed for secondary employment:

Days per week (Maximum): _____ Hours per week (Maximum): _____

I understand that the granting of a secondary employment request is subject to the issues of impairment of efficiency, physical well-being, conflict of interest, and public relations as outlined in Policy No. 109 Secondary Employment of the Village of Hanover Park Employee Handbook.

I understand that if I suffer an injury or illness during or resulting from my secondary employment activity, the Village will not be responsible for worker's compensation benefits.

I understand that I cannot use village uniforms, vehicles, equipment and supplies in connection with my secondary employment.

Date: ____/____/____ Employee Signature: _____

Supervisor's comments:

Supervisor:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: ____/____/____	Signature: _____
Dept. Head:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: ____/____/____	Signature: _____
H.R. Director:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: ____/____/____	Signature: _____
Village Mgr:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: ____/____/____	Signature: _____