

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name..... Agency (where employed)
Title Dept. ID.....
Email Address NYS EMPLID

PERIOD

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____ Sun_____

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the
at, for the period from.....through
for the purpose of

PERIOD

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____ Sun_____

I do not render additional service in any other agency.

I render additional service in another agency. The name of that agency is

..... Dept. ID.....

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

Date..... Signature.....

ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED

*Approved Disapproved (Do not

Approved through

Approved with the following limitations:

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

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