

Outside/Secondary Employment Approval Form

Name: _____ Date: _____

Department: _____ Title: _____

I hereby request approval to engage in outside employment as described below:

Name of Company: _____

Company phone number and location: _____

Nature of employment / business: _____

Time required for employment: _____

I understand that the City of Lexington Outside/Secondary Employment policy forbids me from engaging in any form of outside employment or business opportunity, for myself and/or other employers, which may conflict or interfere with my position with the City of Lexington. I understand that in order to engage in outside employment, I must receive approval from my supervisor and Department Head, or City Manager and that the approval may be withdrawn at any time.

Employee Signature

Date

SUPERVISOR ACTION

_____ Request Approved

_____ Request Denied

Comments or Special Conditions:

Supervisor

Date

DEPARTMENT HEAD/CITY MANAGER ACTION

_____ Request Approved

_____ Request Denied

Comments or Special Conditions:

Department Head

Date

Please forward completed form to the Human Resource Department and keep a copy for the department..