

AUTHORIZATION for SECONDARY EMPLOYMENT

Employee Name (Printed) _____
Job Title _____
Facility/Work Location _____

Name of Company/Business
(Secondary Employment) _____

Address and Telephone #
(Secondary Employment) _____

Name of Supervisor
(Secondary Employment) _____

Job Title and Description of Work
(Secondary Employment) _____

Weekly Work Schedule
(Secondary Employment)
Days/Hours _____

I understand my position with the Oklahoma Department of Corrections is my primary employment, and my secondary part-time employment will not interfere with my scheduled work for the agency or affect my job performance. I further state that this secondary employment does not represent a conflict of interest with my assigned agency job duties or the mission of the agency; it will not result in a violation of any prohibitions against such employment specified by law or agency policy.

I further agree to notify the facility/unit head immediately of any change in any of the above listed conditions of secondary employment including changes of the work schedule or termination of such employment.

If approved, this authorization will remain in effect until rescinded by the agency. If the conditions of secondary employment change and no notification is provided to the facility/unit head, this authorization will automatically become null and void.

Signature of Employee Date

- Approved
 Denied

Signature of Facility/Unit Head Date