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 must 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If approved, this authorization will remain in effect until rescinded by the agency.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

(R 02/19)