

REQUEST FOR APPROVAL OF OTHER EMPLOYMENT

EMPLOYEE NAME:	DATE:
NAME OF TECHNICAL COLLEGE:	JOB TITLE/FLSA DESIGNATION (Exempt or Non-Exempt)
POTENTIAL OTHER EMPLOYER:	ADDRESS OF POTENTIAL OTHER EMPLOYER:
WORK HOURS:	DURATION OF EMPLOYMENT:
DESCRIPTION OF DUTIES/OBLIGATIONS AND JOB TITLE/FLSA DESIGNATION (Exempt or Non-Exempt):	

EMPLOYEE ACKNOWLEDGEMENT

I have read the TCSG Other Employment Procedure and request approval to engage in other employment as described on this attachment. If my current position is considered non-exempt and if my potential other employer is a State of Georgia agency and the position I will be appointed to is also considered non-exempt, I have attached a written offer or employment which includes confirmation that all required conditions as provided in this Procedure have been agreed to.

NOTE: I understand that I must seek and receive permission before continuing other employment for absences or projected absences of three (3) or more business days while on approved sick leave or while on an authorized leave of absence without pay.

If this request is approved, my other employment will not:

- Conflict or interfere with my current duties and responsibilities;
- Create the potential for improper decisions in System Office/technical college activities; or,
- Present an actual or perceived conflict of interest.

EMPLOYEE SIGNATURE: _____ DATE: _____

REVIEW AND APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Supervisor Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Vice President Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	President/Commissioner/Designee Signature:	Date:

Special Condition(s) Required for Approval (If applicable) or Reason(s) for Disapproval:

Human Resources FLSA Review:

- Approved
 Disapproved - Provide Reason(s) for Disapproval: