

REQUEST TO CONTINUE OTHER EMPLOYMENT

EMPLOYEE NAME:	DATE:	
SYSTEM OFFICE WORK UNIT/TECHNICAL COLLEGE:	JOB TITLE:	
OTHER EMPLOYER:	ADDRESS OF OTHER EMPLOYER:	
OTHER EMPLOYER WORK HOURS:	DATE OTHER EMPLOYMENT COMMENCED:	
NATURE OF REQUEST (E.G., A SIGNIFICANT CHANGE IN ASSIGNED WORK HOURS) OR, AS APPLICABLE, THE DESCRIPTION OF NEWLY ASSIGNED DUTIES AND RESPONSIBILITIES AND FLSA DESIGNATION:		
EMPLOYEE ACKNOWLEDGEMENT		
I have read the TCSG Other Employment Procedure and request approval to continue other employment as described on this attachment. NOTE: I understand that I must first 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.		
EMPLOYEE SIGNATURE:	DATE:	
REVIEW AND APPROVAL		
The employee's immediate supervisor and appointing authority must review the employee's request to ensure that the request to continue other employment does not conflict with the reasons for which the leave of absence was granted or any incorporated terms and conditions of the leave.		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Supervisor Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	President/Commissioner or Designee Signature:	Date:
Special Condition(s) or Reason(s) for Disapproval:		
Human Resources FLSA Review:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Provide Reason(s) for Disapproval:		