|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |       | Date of Request: |       |
|  |
| SECTION 1 – VDOF Employee Information |
| Position Title: |       |  |
| Work Address: |       |
| City: |       | State: |       | Zip: |       |
|  |
| SECTION 2 – Secondary Employment Information |
| Employer Name: |       |
| Employer Address: |       |
| City: |       | State: |       | Zip: |       |
| Employer Phone: |       |
| Employer E-mail: |       |
| Type of Business: |       |
| Position Held/Title: |       |
| Work Duties: |       |
| Work Schedule: | Work Days: |       | Work Hours: |       |
| Duration of Secondary Employment: | [ ]  Permanent | [ ]  Temporary |       |
| Comments: |       |
|  |       |
|  |
| SECTION 3 – Agreement |
| I agree: |
| * I have read and understand VDOF Policy and Procedure 8-2 Secondary Employment.
* I understand that the responsibilities of my position with VDOF take precedence over any secondary employment.
* I understand that approval of this request does not preclude the requirement to work overtime when the agency needs me.
* I understand that I may not engage in secondary employment during my work hours or use property belonging to VDOF for secondary employment activities.
* The secondary employment I am seeking or in which I am engaged will not interfere with my employment nor in any way affect my job performance at VDOF.
* Should VDOF management determine that secondary employment is detrimental to my performance at VDOF, VDOF management reserves the right to require that I quit my secondary employment.
 |
|       |  |  |  |       |
| VDOF Employee Name (Print) |  | VDOF Employee Signature |  | Date |
| SECTION 4 – VDOF Approvals |
| [ ]  Approved | [ ]  Denied | Reason for Denial: |       |
|       |  |  |  |       |
| Immediate Supervisor Name (Print) |  | Immediate Supervisor Signature |  | Date |
| [ ]  Approved | [ ]  Denied | Reason for Denial: |       |
|       |  |  |  |       |
| State Forester or Designee Name (Print) |  | State Forester or Designee Signature |  | Date |
| Original: Human Resources  | Copy: Employee | Copy: Immediate Supervisor |