|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | |