



*****QVJ GT EMPLOYMENT REQUEST

(Please print legibly.)

Employees are authorized to begin secondary employment following receiving written approval from HR.

NOTE: GVRA employees subject to the provisions of the Fair Labor Standards Act (FLSA non-exempt employees) cannot be employees of both GVRA and another State agency at the same time.

Employee's Name _____ Date _____

GVRA Office/Section _____ Job Title _____

GVRA Mailing Address _____

GVRA Phone Number/E-mail _____

GVRA Work Days/Schedule _____ GVRA Hire Date _____

I request permission to engage in the following secondary employment activity:

Employer _____ Type of Business _____

Employer Address _____

Contact Person _____ Phone Number _____

Work Days/Schedule _____

Duties and Responsibilities _____

I certify that my secondary employment, as stated above, will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the Georgia Vocational Rehabilitation Agency. I have read DHS Human Resource/Personnel Policy #1203, Qvj gt'' Go riq{o gv, and I agree to comply with all provisions.

Employee's Signature _____ Date _____

The request is to be reviewed to ensure that the secondary employment does not conflict with the employee's current duties and responsibilities, violate a law, rule, or policy, provide the potential for improper decisions in GVRA activities, or present an actual or perceived conflict of interest.

() Approved _____ Date _____

() Disapproved _____ Supervisor's Signature _____ Date _____

(HR USE ONLY) _____ Supervisor's Printed Name _____

Reason for Disapproval/Special Conditions: _____

PLEASE FORWARD COPY TO THE HUMAN RESOURCES OFFICE FOR APPROVAL