



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy # 1203 A1**

**SECONDARY EMPLOYMENT REQUEST**

All employees requesting secondary employment, whether the employment is with another State entity (e.g. University System of Georgia) or a business entity outside of the State, must complete and submit this request form to their supervisor, Division/Office Director, and HR Deputy Commissioner. However, employees seeking secondary employment with another State entity must also have written authorization from their second State employer via this form. In addition, this request establishes an agreement that the secondary State employment entity will be responsible for compensating FLSA overtime for State employees.

Employees are responsible for ensuring that all required documents are submitted to their supervisor, Division/Office Director, and HR Deputy Commissioner. Employees are not authorized to begin secondary employment prior to receiving written approval from the HR Deputy Commissioner.

**Employee Information**

Name:	ID Number:
Job Title:	Division/Office:
Office Phone:	Office Email:

**Secondary Employer Information**

Secondary Employer Name:				
Secondary Employer Address:				
Secondary Employer Phone Number:				
Secondary Employer Hire Date:				
Employment Type:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary
Days to be worked:	<input type="checkbox"/> No Schedule	<input type="checkbox"/> On-Call	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
Compensation:	<input type="checkbox"/> Fee	<input type="checkbox"/> Honorarium	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Salary

## SECONDARY EMPLOYMENT REQUEST

Describe the position duties?

What is your work schedule? Include the number of days and hours you will be working.

What is the duration of the employment?

<b>Employee Acknowledgement and Signature</b>
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This is to request permission for secondary employment as defined in DHS Policy #1203: Secondary Employment. If this request is approved, my secondary employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my DHS position; provide the potential for improper decisions in departmental activities; or present an actual or perceived conflict of interest.

<b>Signature:</b>	<b>Date:</b>

<b>Secondary State Employer Written Authorization (Only complete if the secondary employment is with another State entity. This section must be completed by your Secondary Employer's authorized designee.)</b>
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Authorizer Name:	Authorizer Job Title:
Authorizer Office Phone:	Authorizer Office Email:

I acknowledge that this employee's primary employer is DHS and my agency is the secondary employer. As the secondary employer, my employment agency will be responsible for compensating FLSA overtime for the DHS employee.

<b>Signature:</b>	<b>Date:</b>

<b>Supervisor Approval</b>
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Name:		
The request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

If denied, provide justification.

**SECONDARY EMPLOYMENT REQUEST**

<b>Signature:</b>		<b>Date:</b>	
<b>Division/Office Director Approval</b>			
Name:			
The request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
If denied, provide justification.			
<b>Signature:</b>		<b>Date:</b>	
<b>HR Deputy Commissioner</b>			
Name:			
The request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
If denied, provide justification.			
<b>Signature:</b>		<b>Date:</b>	
<p><b>All submissions should be forwarded to the employee's designated Human Resources Representative for processing.</b></p> <p>The Office of Human Resources will coordinate the request with the HR Deputy Commissioner. A copy of the completed request form will be placed in the employee's official personnel file and forwarded to the employee and appropriate supervisory officials.</p>			