

FOR SPECIAL EMPLOYMENT  
(To be used only for certain supplementary employment.)

EMPLOYEE SS #  NAME:

ADDRESS:

PRIMARY EMPLOYMENT

Payroll Account and Position Number:

Title:

Hourly Rate of Pay:

Total Annual Salary:

SPECIAL EMPLOYMENT

Payroll Account and Position Number:

Hourly Rate of Pay:

Employment Period From:  To:

Total Paid for Special Employment:

Day(s) and Time(s) of Service:

EXPLANATION:

1. Need for Service:
2. Type of Service:
3. Basis for Pay Rate:

I certify that I can render these supplementary services entirely outside my regular work schedule for the above period and that they will not in any way interfere with the performance of my regular duties.

I understand that violation of any personnel rules during the performance of these supplementary services will subject me to disciplinary action appropriate to the circumstances.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I certify that these supplementary services can be rendered entirely outside the regular work schedule of the employee for the period stated above

I certify that these supplementary services can be rendered entirely outside the regular work schedule of this employee for the period stated above

\_\_\_\_\_  
Signature of Title and Primary  
Appointing Authority

\_\_\_\_\_  
Signature and Title of Special  
Appointing Authority

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Approved

Denied \_\_\_\_\_  
(Budget Officer)

Denied \_\_\_\_\_  
(Personnel Administrator)

Date: \_\_\_\_\_

REASON FOR DENIAL (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_