

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name ..... Agency (where employed) .....

Title ..... Dept. ID.....

Email Address..... NYS EMPLID.....

Primary Employment Work Schedule (Enter start and end times):

Thurs: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat: \_\_\_ to \_\_\_ Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tues: \_\_\_ to \_\_\_ Wed: \_\_\_ to \_\_\_

Thurs: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat: \_\_\_ to \_\_\_ Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tues: \_\_\_ to \_\_\_ Wed: \_\_\_ to \_\_\_

at ....., for the period from ..... through.....

Proposed Dual Employment/Extra Service Employment Work Schedule (Enter start and end times):

Thurs: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat: \_\_\_ to \_\_\_ Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tues: \_\_\_ to \_\_\_ Wed: \_\_\_ to \_\_\_

Thurs: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat: \_\_\_ to \_\_\_ Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tues: \_\_\_ to \_\_\_ Wed: \_\_\_ to \_\_\_

.. I do not render additional service in any other agency.

.. I render additional service in another agency. The name of that agency is

..... Dept ID.....

This requested additional service will not interfere with my regular duties.

Date .....

By .....

ACTION BY HEAD OF DEPARTMENT OR AGENCY OF ADDITIONAL EMPLOYMENT

REQUESTED:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (No Later than March 31 of the current Fiscal Year).

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