



SUPPLEMENTAL EMPLOYMENT FORM

I, _____ request permission to work as
Employee

_____ with
New Supplemental Job Title

Johnston Community College in addition to my current position as

Current JCC Position Title

My **CURRENT** working hours are _____ hours per/week as shown here:

Day	Start Time	End Time
Sunday	:	:
Monday	:	:
Tuesday	:	:
Wednesday	:	:
Thursday	:	:
Friday	:	:
Saturday	:	:

My requested **SUPPLEMENTAL** working hours are scheduled to be _____ hours/week and are shown here:

Day	Start Time	End Time
Sunday	:	:
Monday	:	:
Tuesday	:	:
Wednesday	:	:
Thursday	:	:
Friday	:	:
Saturday	:	:

I understand that permission to engage in Supplemental Employment may be withdrawn at any time if in the opinion of my supervisor such employment compromises the job performance that my current position requires.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Employee: _____ **Date:** _____



Supplemental Employment Request:

Approved

Denied

If request for Supplemental Employment is denied, please state the reason:

Supervisor: _____ **Date:** _____

Associate Vice President: _____ **Date:** _____

Division Vice President: _____ **Date:** _____

Related Policy #1.08 – Supplemental Employment