



SECONDARY EMPLOYMENT INFORMATION FORM

I, _____ request permission to work as
Employee

_____ with
Job Title

_____ for _____ hours per week.
Name of Business/Institution

My working hours at _____ will be
Name of Business/Institution

Work Schedule

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

My regular job duty hours at Johnson Community College are from:

Monday – Thursday: _____ a.m. / p.m. **until** _____ a.m. / p.m.

Friday: _____ a.m. / p.m. **until** _____ a.m. / p.m.

I understand that permission to engage in secondary employment may be withdrawn at any time if in the opinion of my supervisor such employment hampers my job performance at Johnston Community College.

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

Employee: _____ **Date:** _____



Secondary Employment Request:

Approved

Denied

If request for secondary employment is denied, please state the reason:

Supervisor: _____ **Date:** _____

Associate VP: _____ **Date:** _____

Related Policy #1.07 – Secondary Employment