

OFFICE OF THE LIEUTENANT GOVERNOR
DEPARTMENT OF CULTURE, RECREATION AND TOURISM
APPLICATION FOR OUTSIDE EMPLOYMENT

SECTION 1: OLG/DCRT EMPLOYMENT

Employee Name: _____
Personnel #: _____
Current Job Title: _____
Agency/Division: _____
Work Phone Number: _____

SECTION 2: REQUESTED OUTSIDE EMPLOYMENT

Prospective Employer: _____
Address: _____
Phone Number: _____
Type of Business: _____
Title of Position: _____
Duties to be Performed: _____
Work Schedule: _____
(Please provide the work time,
number of hours and days worked
during the week)

The above information is declared to be true, complete and accurate.

Employee Signature _____
Date

TO BE COMPLETED BY DEPUTY SECRETARY:

DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
_____ Deputy Secretary's Signature	_____ Date
CONDITIONS (if any): _____	

