

SUPPLEMENTAL EMPLOYMENT APPROVAL REQUEST

In accordance with Civil Service Rule 2-8 and applicable union contracts, anyone employed by the Department of Labor & Economic Growth must complete this form and obtain all necessary approvals PRIOR to engaging in supplemental employment.

This form must be renewed annually in accordance with Civil Service Rule 2-8.

EMPLOYEE / EMPLOYMENT INFORMATION - Employee complete and submit to supervisor.

| | | |
|--|---|---------------|
| Employee Name | Employee # | Class / Level |
| Work Station Address | Work Phone # | |
| Bureau / Office / Commission – Unit Region | | |
| Supplemental Employer Name (enter "Self-Employment" if applicable) | Approximate hours to be worked: per | |
| Supplemental Employer Address | | |
| Nature of Supplemental Duties or Services to be performed by the employee | | |
| <p>I understand that my supplemental employment will not be approved if any conflict of interest exists between my present job and the second job. I also understand that if, for any reason, the activities connected with my second job interfere with my attendance or efficiency with my Civil Service employment that it will be necessary to terminate one of the two positions. I realize that it is my responsibility to inform the appointing authority within 14 days if there is any change to the extent or nature of my supplemental employment.</p> <p>I recognize that the Department of Labor & Economic Growth, State of Michigan, is in no way endorsing the supplemental employment. Both parties agree that the Department of Labor & Economic Growth, State of Michigan, will not be liable in any way for injury of any type that might be incurred in the course of this supplemental employment.</p> | | |
| _____ | | _____ |
| Employee's Signature | | Date |

SUPERVISOR EVALUATION / RECOMMENDATION

| | |
|--|---|
| Supervisor Name | Title |
| Do you believe that the employee's supplemental employment will (check only one for each): | |
| Yes No | Conflict with the employee's work hours with the Department of Labor & Economic Growth? |
| Yes No | Conflict with the employee's satisfactorily performing his/her duties and responsibilities with DLEG? |
| Yes No | May produce a conflict of interest situation? |
| Supervisor's Remarks: | |
| Approved | If APPROVED, the supervisor shall forward this form to the Bureau Director. |
| Disapproved | If DISAPPROVED, the supervisor shall return this form to the employee. |
| _____ | _____ |
| Supervisor's Signature | Date |

BUREAU DIRECTOR

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|-----------------------------|--|
| Approved | If APPROVED, the Bureau Director shall forward this form to the Office of Human Resources. |
| Disapproved | If DISAPPROVED, the Bureau Director shall return this form to the employee's immediate supervisor. |
| _____ | _____ |
| Bureau Director's Signature | Date |

OFFICE OF HUMAN RESOURCES

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| Approved | Upon Approval/Disapproval, the Office of Human Resources shall return one copy of this form to the employee, the employee's immediate supervisor, and the Bureau Director. |
| Disapproved | |
| _____ | _____ |
| Office of Human Resources Signature | Date |