

### SUPPLEMENTAL EMPLOYMENT APPROVAL REQUEST

**In accordance with Civil Service Rule 2-8 and applicable union contracts, anyone employed by the Department of Licensing and Regulatory Affairs 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 ID#	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: <b>per</b>
Supplemental Employer Address		
Nature of Supplemental Duties or Services to be performed by the employee		
<p>I understand that my supplemental employment approval request will not be approved if any conflict of interest exists between my state position and this supplemental employment. I also understand that if, for any reason, the activities connected with this supplemental employment 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 Licensing and Regulatory Affairs, State of Michigan, is in no way endorsing the supplemental employment and is in no way liable for injury or illness of any type that might be incurred in the course of this supplemental employment.</p>		
_____		_____
Employee Signature		Date

**SUPERVISOR EVALUATION / RECOMMENDATION**

Supervisor Name	Title
Do you believe that the employee's supplemental employment will (check only one for each):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conflict with the employee's work hours with the Department of Licensing and Regulatory Affairs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conflict with the employee's satisfactorily performing his/her duties and responsibilities with LARA?
<input type="checkbox"/> Yes <input type="checkbox"/> No	May produce a conflict of interest situation?
Supervisor Remarks:	
<input type="checkbox"/> Approved <b>Forward all requests to Bureau Director</b> <input type="checkbox"/> Disapproved    Reason: _____	
_____	
Supervisor Signature	
_____	
Date	

**BUREAU DIRECTOR**

<input type="checkbox"/> Approved <b>Forward all requests to Office of Human Resources</b> <input type="checkbox"/> Disapproved    Reason: _____	
_____	
Bureau Director Signature	
_____	
Date	

**OFFICE OF HUMAN RESOURCES**

<input type="checkbox"/> 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. <input type="checkbox"/> Disapproved	
_____	
Office of Human Resources Signature	
_____	
Date	