

ARIZONA DEPARTMENT OF CORRECTIONS

Notification of Secondary Employment

Employee Name <i>(Last, First M.I.)</i>	Date	
Job Title/Current Classification	Work Location	Work Telephone ()
Name and Address of Secondary Employer	Supervisor's Name <i>(Secondary Employment)</i>	
	Is this a State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My Duties will be:		

My Hours of work will be:

Day	Work Hours From	Work Hours To	Day	Work Hours From	Work Hours To
Saturday			Wednesday		
Sunday			Thursday		
Monday			Friday		
Tuesday					

Supervisor's Determination
<input type="checkbox"/> Secondary employment activity DOES NOT conflict with the employee's State employment
<input type="checkbox"/> Secondary employment activity DOES conflict with the employee's State employment for the following reasons:

Supervisor's Signature <input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend	Date
Warden/Administrator's Signature <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Employee notified as to determination on: <i>(Date)</i>	