

**REQUEST FOR APPROVAL FOR SECOND COUNTY POSITION**

This form is to be filled out in quadruplicate (4). All approvals must be secured prior to the starting date of the second County position. This approval is only valid based on information provided herein. Any changes must be resubmitted for approval.

**EMPLOYEE REQUEST:**

CURRENT TITLE (Primary Job): \_\_\_\_\_ Job Group: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ # of Hours Regularly Worked \_\_\_\_\_

SHIFT: \_\_\_\_\_ (Day/Evening/Night)

REQUESTED TITLE (Second Job) \_\_\_\_\_ JG/Pay Rate \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ Approx # of Hours: \_\_\_\_\_

SHIFT: \_\_\_\_\_ (Day/Evening/Night)

I request approval to accept a second position, as indicated above, with the County of Westchester. I agree as a condition of accepting this position that it will in no way conflict or create a problem of attendance or availability in my primary position.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY APPOINTING AUTHORITY APPROVAL:**

\_\_\_\_\_ The above information provided is accurate.

\_\_\_\_\_ The nature and scheduling of the second position should not present a conflict with normally scheduled work.

\_\_\_\_\_ Approved

\_\_\_\_\_  
Appointing Authority (Primary) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Disapproved

**SECONDARY APPOINTING AUTHORITY APPROVAL:**

\_\_\_\_\_ The above information provided is accurate.

\_\_\_\_\_ It is understood that any conflict in scheduling will result in the primary employment of this employee taking precedence.

\_\_\_\_\_ It is understood that any overtime expenses (as regulated by Fair Labor Standards) incurred by the employee while working this second position will be incurred by this Department. Chargeback arrangements will be made.

\_\_\_\_\_ Approved

\_\_\_\_\_  
Appointing Authority (Secondary)

\_\_\_\_\_  
Date

\_\_\_\_\_ Disapproved

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Personnel Officer

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_

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