

REQUEST FOR APPROVAL FOR SECOND COUNTY POSITION

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 OF PRIMARY JOB _____ Job Group _____

DEPARTMENT _____ # Of Hours Regularly Worked _____

PROPOSED TITLE OF SECONDARY JOB _____ Job Group _____

DEPARTMENT _____ Approximate Number of Hours _____

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

I certify that the information provided above is accurate and that the nature and scheduling of the second position should not present a conflict with normally scheduled work.

_____/_____
Appointing Authority (Primary) / Date

SECONDARY APPOINTING AUTHORITY APPROVAL

I certify that the information provided above is accurate. It is understood that any conflict in scheduling will result in the primary employment of this employee taking precedence and 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 through a chargeback arrangement.

_____/_____
Appointing Authority (Secondary) / Date

____ Approved

____ Disapproved

_____/_____
Commissioner of Human Resources / Date

Comments: _____