



**GRAND TRAVERSE COUNTY**  
**HUMAN RESOURCES**  
400 BOARDMAN AVENUE, SUITE 309  
TRAVERSE CITY, MI 49684-2577  
PHONE (231) 922-4599  
FAX (231) 922-4796

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### **Secondary Employment Acknowledgement and Approval Form**

Employee Name: \_\_\_\_\_

I acknowledge that I have read the Secondary Employment policy.

Check One:

I am not engaged in Secondary employment currently. I agree to comply with the provisions of the secondary employment policy and will seek approval from the agency head before engaging in secondary employment. (Please sign, date and bring to Human Resources).

I am requesting permission to be engaged in Secondary Employment.

I understand the policy governing secondary employment, and my secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment. I understand that permission to engage in secondary employment may be withdrawn at any time if in the opinion of my supervisor such employment hampers my job performance at Grand Traverse County.

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Please give any additional information that is pertinent to this request:

My work schedule with Grand Traverse County is from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Required Signatures Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor(s) Signature \_\_\_\_\_ Date \_\_\_\_\_