



GRAND TRAVERSE COUNTY
HUMAN RESOURCES

400 BOARDMAN AVENUE, SUITE 309
TRAVERSE CITY, MI 49684-2577

PHONE (231) 922-4599
FAX (231) 922-4796

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 I understand that permission to engage in secondary employment may be withdrawn at any time if in the opinion of my supervisor such employment hampers my job performance at Grand Traverse County.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 _____