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| **DIVISION OF MILITARY AND NAVAL AFFAIRS** |
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| Outside Employment Request Form |
| *(Proponent is MNHS. Prescribing directive is DMNA Reg 690-1)* |
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| All State employees annually are required to request approval for outside employment. A request for approval is reviewable each fiscal year as stated in DMNA Regulation 690-1. Requests for outside employment approval are reviewed and approved by The Adjutant General or designated representative. |
|  |
| Employee Name:  |        | DMNA Work Location: |       |
| New Request [ ]  Renewal to Prior Request [ ]  |
|  |
| 1. Name of Company or Outside Employment Activity:
 |
| 2. Address Line |       |
| 3. City: |       | State: |       | Zip Code:  |       |
| 4. Phone #:  |       |  |
| 5. Explanation of type of company/services provided:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Approximate number of hours to be worked per week:  |       |
| 7. Job Title:  |       |
| 8. Duties to be performed:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Are you aware if the company does business with NYS? Yes [ ]  No [ ]  |
|  If yes, please explain:       |
| 10. Is this seasonal/temporary employment? Yes [ ]  No [ ]  |
|  If yes, please indicate the expected start and end date:       |
| 11. Please note any other pertinent information that may be relevant in determining approval (if applicable):       |
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|  |
| Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
|  |
| Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
|  |
| Supervisor’s Comments (if any):       |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| MNHS Recommendation: Approve [ ]  Disapprove [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       |
|  Signature Date |
|  |
| TAG: Approve [ ]  Disapprove [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       |
|  Signature Date |
| *DMNA Form 88. 10 MAR 11.* |