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| **DIVISION OF MILITARY AND NAVAL AFFAIRS** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Outside Employment Request Form | | | | | | | | | | | |
| *(Proponent is MNHS. Prescribing directive is DMNA Reg 690-1)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 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): | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 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.* | | | | | | | | | | | |