



**SECONDARY EMPLOYMENT FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**SECONDARY EMPLOYER**

NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ IMMEDIATE SUPERVISOR \_\_\_\_\_

DUTIES \_\_\_\_\_

HOURS (TIME OF DAY) AND DAYS WORKED \_\_\_\_\_ AVERAGE # OF HOURS PER WEEK \_\_\_\_\_

IS THERE ANY WAY IN WHICH THIS EMPLOYMENT MIGHT LESSEN YOUR EFFICIENCY IN PERFORMING YOUR CITY JOB DUE TO LACK OF SLEEP, STRENUOUS WORK, ETC: \_\_\_YES \_\_\_NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

COMMENTS (BY EMPLOYEE OR SUPERVISOR) \_\_\_\_\_

*I hereby swear all statements have been made fully and accurately. I will give immediate notification upon termination of the above employment on "Termination of Secondary Employment" Form (PF406)*

\_\_\_\_\_  
EMPLOYEE DATE

\_\_\_\_\_  
SUPERVISOR DATE

\_\_\_\_\_  
MAYOR AND/OR DESIGNEE DATE

APPROVED  
 NOT APPROVED

APPROVED  
 NOT APPROVED