



City of Roswell

Secondary Employment Request Form

Employee Name: _____
 Department: _____
 Job Title: _____

Please list current places / types of employment other than at the City of Roswell

Outside Employer #1

Business Name/Location: _____
 Approximate Hours Worked Per Week: _____
 Nature/Scope of Work: _____

Outside Employer #2

Business Name/Location: _____
 Approximate Hours Worked Per Week: _____
 Nature/Scope of Work: _____

Outside Employer #3

Business Name/Location: _____
 Approximate Hours Worked Per Week: _____
 Nature/Scope of Work: _____

This also shall certify that the above places/types of employment will not interfere with my position at the City of Roswell. Should I become injured while working elsewhere other than at the City of Roswell, I will notify my supervisor immediately.

 Employee Signature Date

Approve ____ Disapprove ____ _____
Date

Supervisor Signature

Approve ____ Disapprove ____ _____
Date

Department Director Signature

Approve ____ Disapprove ____ _____
Date

HR Director Signature