

*APPALACHIAN STATE UNIVERSITY*  
*STAFF (SPA) EMPLOYEE*  
*REQUEST FOR APPROVAL TO ENGAGE*  
*IN SECONDARY EMPLOYMENT*

The purpose of this approval procedure is to determine that secondary employment does not have an adverse effect on the employee's primary employment with the University and does not create a conflict of Interest.

\_\_\_\_\_ is requesting approval to engage in work outside  
NAME

University employment.

1) Name and address of proposed secondary employer:

\_\_\_\_\_

2) Nature and place of the work (Please use additional pages if necessary.):

3) \_\_\_\_\_  
Amount of time to be devoted to the secondary employment (length of time to be employed and specific hours of work):

Requested - \_\_\_\_\_  
Date Employee

Recommended - \_\_\_\_\_  
Date Immediate Supervisor

Recommended - \_\_\_\_\_  
Date Department Chairperson

Approval: \_\_\_\_\_  
Date Chancellor or Designee