



# Cobb County

\_\_\_\_\_  
(Department Name)

## Request for Authorization for Secondary Employment

(FYI: Department Keeps Originals—No copies are sent to HR)

Name: \_\_\_\_\_

Division: \_\_\_\_\_ Section: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

### SECONDARY EMPLOYMENT INFORMATION

Name of Agency/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Schedule:	Mon.	Fri.
	Tues.	Sat.
	Wed.	Sun.
	Thur.	

Total Hours per week \_\_\_\_\_

**I hereby certify that the above information is complete and accurate to the best of my knowledge, and I request permission to hold employment outside of Cobb County Government.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
"Insert Name Here", Department Director