

REQUEST FOR PERMISSION TO ENGAGE IN OFF-DUTY EMPLOYMENT

For use of this form, see Fort Knox Policy Memo No. 17-08, subject: Off-Duty Employment

1. RANK/GRADE AND NAME:	2. UNIT:	3. DUTY POSITION:	4. NORMAL DUTY HOURS:
5. PROPOSED OUTSIDE EMPLOYMENT:	6. PHONE NUMBER OF PROPOSED OUTSIDE EMPLOYMENT:	7. PROPOSED LOCATION OF OUTSIDE EMPLOYMENT:	

8. PROPOSED DUTIES OF OUTSIDE EMPLOYMENT:

9. HOURS/SCHEDULE OF PROPOSED OUTSIDE EMPLOYMENT:	10. ARE YOU REQUIRED TO FILE A FINANCIAL DISCLOSURE REPORT (OGE 450)? YES <input type="checkbox"/> NO <input type="checkbox"/>
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I was counseled by my supervisor, _____ on the _____ day of _____, 20____ concerning my duty requirements and outside employment. I understand that my official duty requirements take priority, that I can be disciplined if I fail in my official duty requirements because of interference of my off-duty employment, and that I can be ordered to cease outside employment if such interference occurs. I further understand that I am required to schedule a minimum 6-hour rest period (not including travel time to/from work/home/duty) between my off-duty employment and the start of my official duties. If my off-duty employment schedule changes, I understand that I must seek advance approval using the same procedures. Finally, I agree to cooperate fully and willfully with my chain of command if they wish to verify my work schedule, and to allow them to review compensation documentation or other off-duty employment records. Failure to cooperate fully in verification procedures may, by itself, result in an order to cease or curtail off-duty employment, as well as other adverse disciplinary or administrative actions.

_____ SIGNATURE OF INDIVIDUAL SEEKING OUTSIDE EMPLOYMENT	_____ TELEPHONE NUMBER	_____ DATE
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11. SUPERVISOR COMMENTS:

I have personally reviewed this report. I do do not believe this individual's off-duty employment will detract from unit readiness or pose a security or safety risk. Accordingly, I do do not prohibit this individual from performing the proposed outside employment.

_____ SIGNATURE OF SUPERVISOR	_____ TELEPHONE NUMBER	_____ DATE
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TYPED NAME AND GRADE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL	DATE
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