

# APPLICATION FOR SECONDARY EMPLOYMENT

This application is to be completed and submitted if you hold any other employment, paid or unpaid, including all volunteer work outside of ODNR.

NAME:	STATE OF OHIO ID (OAKS ID) #:
DNR JOB CLASSIFICATION:	
DIVISION:	DNR WORK LOCATION:
DNR SUPERVISOR	
SECONDARY EMPLOYER (Including Self-Employment and Volunteer Employment):	
SECONDARY EMPLOYER ADDRESS:	TELEPHONE #:
TITLE OF POSITION:	
DUTIES PERFORMED (Provide a Complete and Accurate Description):	
DOES THIS SECONDARY EMPLOYER HOLD A SERVICE CONTRACT OR SUPPLY SERVICES TO THE DEPARTMENT OF NATURAL RESOURCES?    YES    NO    IF YES, EXPLAIN:	
IS THIS AN ORIGINAL APPLICATION?    YES    NO, IF NO, HOW LONG HAVE YOU BEEN EMPLOYED IN THIS CAPACITY, HOW LONG HAVE YOU HAD AN APPLICATION FOR SECONDARY EMPLOYMENT ON FILE, AND ARE THERE ANY CHANGES IN THE DUTIES YOU PERFORM AS COMPARED WITH YOUR PREVIOUSLY APPROVED APPLICATION?	

I have read, understand the requirements of this policy, and am requesting review and approval for the secondary employment documented above. I understand that significant changes in the above information may require the submission of a new Application for Secondary Employment. Furthermore I acknowledge and understand that the use of State of Ohio equipment, property or time for the purpose of secondary employment is a violation of ODNR's Secondary Employment policy and is subject to discipline up to and including termination.

Employee Signature X	Date
SUPERVISOR COMMENTS:	
Supervisor Signature X	Date
Division Chief X	Date
Deputy Director X	Date

**Please forward completed application to Human Resources once ALL signatures have been obtained.**

## FOR OFFICIAL USE ONLY OFFICE OF HUMAN RESOURCES

COMMENTS		
SIGNATURE	DATE	APPROVAL
X		<div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>