



SECONDARY EMPLOYMENT FORM

City of Tullahoma employees who are seeking secondary employment must complete this form and submit it to their Department Head. Final approval is required by the City Administrator.

Employee Name: _____ Date: _____

Secondary Employment Information:

Name of Employer: _____

Full-time or Part-Time: _____ Hours: _____

Duties *: _____

I certify that the information provided above is true and correct. I also acknowledge that the City of Tullahoma is my primary employer and as such may require me to work at times that could conflict with my secondary employment.

Employee Signature

Date Requested

** Employees requesting approval for security related duties must complete the following section.*

Police Officers Only:

Businesses and/or associations that employ Police Officers to perform security related duties must provide the following information: *(check one)*

Proprietary License - License # _____
(Any person or department that employs a security guard/officer in an employer/employee relationship)

Contract Security License - License # _____
(Any person engaging in the business of providing a security guard on a contractual basis for another person.)

Approval Process:

The Department Head reviews the request, determines if there is a conflict of interest and submits his/her approval or disapproval. The Human Resources Director verifies that the Proprietary License and/or Contract Security License is valid. The City Administrator has final approval.

	Approved	Disapproved	Reason if Disapproved	Initials	Date
Department Head					
HR Director					
City Administrator					