

XXX Company

To: Human Resource Department

REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Application
Reference no.:

Employee Appointment Information	
Employee Name First Name Last Name	Title Title
Department Department Name	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract full-time <input type="checkbox"/> Part Time	Appointment Period <input type="checkbox"/> 12 mos <input type="checkbox"/> 10 mos <input type="checkbox"/> 9 mos <input type="checkbox"/> Other
Details of Secondary Employment	
Work is to be performed for: Name of Employer or Organization	Dates that work will be performed From MM/DD/YR to MM/DD/YR or <input type="checkbox"/> Indefinite
Type of organization for which work is to be performed <input type="checkbox"/> Private <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	
Briefly describe the work that will be performed	
When will work be performed <input type="checkbox"/> Outside regular work hours <input type="checkbox"/> During regular work hours	If work will be performed during regular work hours I plan on requesting: <input type="checkbox"/> Annual Leave <input type="checkbox"/> Leave without pay <input type="checkbox"/> Temporary change in per cent time <input type="checkbox"/> Permanent change in per cent time
Date by which response to this request is needed MM/DD/YR	_____ Employee Signature Date
APPROVED BY:	
Supervisor's Name: First Name Last Name	Title:
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended	_____ Supervisor's Signature Date
HR Department Head: First Name Last Name	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved	_____ Signature Date
I declare that the above information is authentic and correct. I authorize the Company, in accordance with the Personal Data (Privacy) Ordinance, to use and transfer my personal data provided herein or in any documents provided by me to the Company pursuant to this form for the purpose as specified in this form. I undertake that I shall promptly inform the Company should there be any changes to / revisions of the information provided and / or subsequently withdrawals of any claims. I agree to accept and bear any consequence (including but not limited to disciplinary actions by the Company against me and indemnification by me in favour of the Company against any loss, damage, costs or expenses which may be incurred or suffered by the Company), which may have arisen out of or in connection with my failure to provide authentic and correct information, and / or failure to notify the Company of any aforesaid changes / revisions.	
本人謹此聲明，以上資料真實無訛。本人授權公司根據個人資料（私隱）條例，使用或轉交本人在本表格或根據本表格提交予公司之個人資料或任何文件，以處理本人在本表格所提請的事宜。本人承諾倘若此等資料出現任何變動／修訂，及／或於其後撤銷任何申索，本人會即時通知公司。本人同意接受或承擔因本人未能提供正確無訛的資料，及／或未能通知公司上述任何變動／修訂而可能產生的任何後果（包括但不限於公司向本人採取紀律處分，以及本人補償公司可能由此產生或承擔的任何損失、損毀、成本或開支）。	