



East Fork Fire Protection District
Request for Approval of Secondary Employment

Employee Name	Title
Name of Secondary Employer	
Address of Secondary Employer	
If this request is to operate a business, will you employ other East Fork Fire Protection District Employees? ___ Yes ___ No	
Describe in detail the work to be performed in secondary employment. Proposed hours, job location etc. (Use an additional sheet if necessary).	
I have carefully read the conditions listed in the policy and sincerely believe that none of the stated conditions will be violated by approval.	
Employee Signature _____	Date _____

District Fire Chief or designee: ___ Approved ___ Denied _____
Signature Date

Director of Administrative Services: ___ Reviewed _____
Signature Date

Comments, if any: _____

To be completed by the employee when secondary employment is terminated.	
My secondary employment with _____ was terminated on _____	
Signature _____	Date _____