



SC Department of Natural Resources

Request for Approval of Outside Employment

Form No. PDC-10

Office of Human Resources

Employee's Name _____ Title _____

Employee's Social Security Number _____ - _____ - _____

Employee's Primary Responsibility with Department of Natural Resources

Outside Employment with _____

If state agency, please complete Dual Employment Form which can be obtained from the Office of Human Resources.

Hours (schedule & total hours per week) _____

Duration of outside employment _____

Outline of duties in detail

AGREEMENT STATEMENT – I understand that, if this outside employment is approved, my primary position with the South Carolina Department of Natural Resources will take priority over any potential conflicts with my outside job and my employment in said job will not adversely affect my performance with this Agency.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Approved _____ Disapproved _____

Division Director's Signature _____ Date _____

Approved _____ Disapproved _____

Executive Director's Signature _____ Date _____
(when applicable)

Approved _____ Disapproved _____

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