



Lehi City
Employee's Notice of Secondary Employment

Employee's Name _____ Position _____

1. Secondary Employer's Name _____

Secondary Business Name _____

Secondary Business Address _____

2. General overview of business engaged in by the secondary employer

3. Specific duties employee will be engaged in at their secondary employment

4. Work schedule for secondary employment (include amount of time and days proposed)

Employee's Signature

Date Submitted

Supervisor's Signature

Department Date

Mark one: Approved Denied

City Administrator's Signature

Date Reviewed