



**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE  
SECONDARY EMPLOYMENT AUTHORIZATION REQUEST  
(OUTSIDE OF STATE GOVERNMENT)**

**FDJJ 1002.07-1**  
Attachment 1  
Revised 05/19

**DATE:** \_\_\_\_\_ **Employee's PF ID#:** \_\_\_\_\_  
**TO:** **Supervisor Name:** \_\_\_\_\_  
**FROM:** **Employee's Name:** \_\_\_\_\_ **Class Title:** \_\_\_\_\_  
*Please Print or Type*  
**SUBJECT: DJJ Secondary Employment Authorization Request**

Request for Fiscal Year: July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_  
 Approval is valid ONLY for the fiscal year requested. To continue secondary employment from year to year, a new form must be submitted prior to July 1 each year. The Supervisor may rescind approval. Secondary employment with a contract provider (business entity) is prohibited if such employment violates the provisions of chapter 112, F.S. An employee is subject to disciplinary action, up to and including dismissal, if he/she:

1. fails to seek approval for secondary employment prior to commencing the secondary employment;
2. fails to terminate secondary employment, when requested;
3. works the secondary employment while on an approved sick leave from the Department; or
4. works the secondary employment while receiving workers' compensation benefits after authorization is suspended in accordance with DJJ Policy 1002.

**DJJ location at which you are employed:** *(Name and Address)* \_\_\_\_\_

**Program Area:** \_\_\_\_\_ **DJJ Tel. No.:** \_\_\_\_\_  
**DJJ Work Days/Hours:** Days: \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

**Summarize your DJJ duties:** \_\_\_\_\_  
 \_\_\_\_\_

**Name of Secondary Employer:** \_\_\_\_\_  
**Address of Secondary Employer:** \_\_\_\_\_  
**Name of Manager for Secondary Employer:** \_\_\_\_\_ **Tel. No.:** \_\_\_\_\_  
**Title of Position:** \_\_\_\_\_  
**Give specific details of your secondary employment work duties:** \_\_\_\_\_  
 \_\_\_\_\_

**Give your secondary employment work days/hours:** Days: \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM  
**Does the secondary employer do business with DJJ? (Check one)**  Yes  No  
**If you check Yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Supervisor Recommends:**  Approved  Denied **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Office of General Counsel:**  No Conflict  Conflict  Potential Conflict. Refer to ELT Member for final determination  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Final Agency Action:**  Approved  Denied **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Selected Exempt or Senior Management Service Employee

**AFTER APPROVAL/DENIAL:** Send copies to: 1. Human Resources Liaison 2. Bureau of Human Resources, 2737 Centerview Drive, Tallahassee, FL 32399-3100