REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT OR ACTIVITY

Refer to 5 CFR , Part 2635 for instuctions

TO: (*Name of Administrative Director or Appropriate Staff Director)*

THROUGH: (*Name of Employee's Immediate Supervisor)*

FROM: (*Employee's Name and Mailing Address)*

In connection with this request, I am attaching a detailed description of the outside employment in which I wish to engage. I understand that the approval is subject to the following restrictions:

1) My outside activity will be entirely confined to non-working hours;
2) My outside activity will not in any way interfere with my services to the National Appeals Division (NAD);
3) Government equipment will not be used;
4) My outside activity will not imply official sanction, support or participation in a private undertaking;
5) My outside activity will not cause embarrassment to USDA or NAD;
6) The business connections to be established or property interest acquired will not result in conflict between private or official interest or bias my judgment;

I understand that should this approval be granted, it will apply to this particular activity only. A new request for approval for any other activities or when a change to an approved activity occurs.

SIGNATURE OF EMPLOYEE	POSITION TITLE/SERIES/GRADE	DATE

SUPERVISOR WILL CONSIDER THE FOLLOWING CRITERIA BEFORE RECOMMENDING APPROVAL OR DISAPPROVAL

1) Provisions of applicable law;
2) General attendance record of employee;
3) Nature of the employee's offical duties in relation to the nature of the duties which would comprise the requested outside activity;
4) Amount of time and hours of work required by the outside employment or activity; and
5) The possibility of conflict of interest or appearance thereof. Actions taken or decisions made by the employee in carrying out duties of outside employment or activity must not:
   a) Affect or influence actions taken or decisions made in connection with NAD duties, whether or not the effect is adverse.
   b) Give the employee an advantage in Federally-sponsored programs not equally available to other NAD employees or private citizens.
   c) Permit use of the employee's Federal positon for personal gain or influence .
   d) Involve use of official NAD information not generally avail able to the public.

AFTER SIGNING PLEASE FORWARD TO NEXT LEVEL OF REVIEW AS INDICATED BELOW *(*Attach any comments*)

SIGNATURE OF IMMEDIATE SUPERVISOR	☐ APPROVAL	☐ DISAPPROVAL	**DATE**
SIGNATURE OF ADMINISTRATIVE DIRECTOR	☐ APPROVAL	☐ DISAPPROVAL	**DATE**
SIGNATURE OF DIRECTOR	☐ APPROVAL	☐ DISAPPROVAL	**DATE**

NAD Form 1000-1

Print Form