This form can be filled out online. Once completed, print the document and sign where appropriate. These instructions will not appear on the print out.

Unit

To:		Chief of Uniformed Personnel				
From:		Lieut				
Subject: Request for		Soc. Sec. No.  Permission to Engage in Extra-Departmental Employment				
I request permission to engage in extra-departmental employment. The following information for your consideration:     Home Address     County     Zip						ation is submitted
	Unit	Batt.	Div.	Date Appointed	Bae	ige No.
Firm Name of Employer			Telephone No.			
	Address of Employer County Zip  Job Title Fully Describe Duties					
2.	Is a License or Certificate of Fitness of any type required?  Yes No If Yes, Indicate type and agency  If employment is with a corporation, list names of the principals of the corporation.					
3. 4. 5.	<ol> <li>Does the contemplated employment involve the use of firearms? Yes No</li> <li>I have read and fully understand the Fire Department Regulations PA/ID 2/78, Orders and Conditions governing extra-departmental employment and shall abide by all such and future Regulations, Orders and Conditions relative to extra-departmental employment.         <ul> <li>(Any change of the information given above will require submission of a new request.)</li> </ul> </li> </ol>					
6. I am aware of New York City Civil Service Commission Rule 7.2.3 (re: Dual Employment).						
Sig	gnedName			Rank/Grade	Unit	Gr.
_		ts in currents in the pa	st three years year. ee years.	SC NSC	CICER	GI.
,	Approved	Disappro	<b></b>	Rank Disapproved as per a	unit Gr. attached letter	