Applications for permission to undertake secondary employment must be submitted on this form for consideration and approval.

|  |  |
| --- | --- |
| Full Name |  |
| Employee number |  |
| Department |  |

|  |  |
| --- | --- |
| Title of project or work to be undertaken  |  |
| Employer |  |
| Description of work to be undertaken |  |

|  |  |
| --- | --- |
| Proposed start date to commence this activity |  |
| Expected completion date or state if the request is 1, 2 or 3 years |  |

|  |  |
| --- | --- |
| Please state your current contracted hours that you are working at Aberystwyth University |  |
| Expected total hours to be undertaken per week |  |

|  |  |
| --- | --- |
| Full details if University facilities required  |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

|  |  |
| --- | --- |
| Please outline how the work undertaken in this application does not interfere with your contractual duties |  |

|  |  |
| --- | --- |
| There is no conflict of interest with my contractual duties |  |

|  |  |
| --- | --- |
| Head of Department Comments |  |
| Head of Department sign off | Date: |
| Human Resources Director sign off | ApprovedDeclinedDate: |

|  |  |
| --- | --- |
| Print Name |  |
| Signature |  |
| Date |  |