

APPLICATION AND APPROVAL FOR OFF-DUTY EMPLOYMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 974; 10 U.S.C. 8013; Executive Order 9397; DoD 5500.7-R, Sections 2-206 and 2-303.
PRINCIPAL PURPOSE(S): Provide information for commanders to evaluate proposed off-duty employment, grant approval, and determine impact on duty performance.
ROUTINE USE(S): Records may be disclosed for any of the blanket routine uses published by the Air Force.
DISCLOSURE: Disclosure of SSN is voluntary. Failure to provide the information could result in disapproval of request for off-duty employment.

SECTION I APPLICANT DATA AND CERTIFICATION *(Completed by Applicant)*

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. GRADE	3. SSN	4. AFSC
5. ORGANIZATION OFFICE SYMBOL ADDRESS	6. DUTY PHONE	7. DUTY TITLE	
8a. NAME OF EMPLOYER		8b. BUSINESS ADDRESS	
8c. IS EMPLOYER A DEPARTMENT OF DEFENSE CONTRACTOR? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO <input type="checkbox"/> (3) DON'T KNOW		8d. PHONE NUMBER	
9. TITLE OF POSITION OF OFF-DUTY EMPLOYMENT	10. OFF-DUTY PERIODS OF EMPLOYMENT <i>(Days per week; hours per day)</i>		
11. JOB DESCRIPTION <i>(Continue on reverse side)</i>	12. NORMAL PERIODS OF MILITARY DUTY <i>(Days per week; hours per day)</i>		

I certify that I understand the applicable provisions of the Joint Ethics Regulation (DoD 5500.7-R). I further certify that the off-duty employment for which I am applying *(Mark applicable block)*: *(Note: explain in detail on the reverse of this form any answer that results in checking a box "will." Checking a box "will" does not automatically result in disapproval, but does require an explanation).*

WILL a.	WILL NOT b.	
<input type="checkbox"/>	<input type="checkbox"/>	13. Bring discredit upon the Air Force, Department of Defense or U.S. Government.
<input type="checkbox"/>	<input type="checkbox"/>	14. Interfere with or be incompatible with my government duties.
<input type="checkbox"/>	<input type="checkbox"/>	15. Interfere with the customary or regular employment of local civilians. <i>(Enlisted members only)</i>
<input type="checkbox"/>	<input type="checkbox"/>	16. Require absences during normal military duty hours.
<input type="checkbox"/>	<input type="checkbox"/>	17. Involve any expense to the Air Force or use of government facilities, property or manpower.
<input type="checkbox"/>	<input type="checkbox"/>	18. Endanger my safety or health.
<input type="checkbox"/>	<input type="checkbox"/>	19. Involve the use of my military title or representation before any federal agency.
<input type="checkbox"/>	<input type="checkbox"/>	20. Involve employment with an organization now involved in a strike.
<input type="checkbox"/>	<input type="checkbox"/>	21. Place me in a position that might be incompatible with my rank, position or assignment.
<input type="checkbox"/>	<input type="checkbox"/>	22. Require action at any time as a sales agent for the purpose of personal commercial solicitation of military personnel junior in rank or grade.
<input type="checkbox"/>	<input type="checkbox"/>	23. Appear to involve a conflict of interest.
<input type="checkbox"/>	<input type="checkbox"/>	24. Involve working for a firm or other entity that is engaged, or is endeavoring to engage, in business transactions of any sort with an agency of the Department of Defense.
<input type="checkbox"/>	<input type="checkbox"/>	25. Violate any U.S., state or local law; ordinance; or Air Force regulation or instruction.

26a. DATE SIGNED	26b. SIGNATURE OF APPLICANT
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SECTION II SUPERVISOR'S RECOMMENDATION

<input type="checkbox"/>	27. RECOMMEND APPROVAL. I HAVE PERSONALLY INTERVIEWED THE APPLICANT AND I HAVE NO OBJECTION TO THE REQUESTED OFF-DUTY EMPLOYMENT.
<input type="checkbox"/>	28. RECOMMEND DISAPPROVAL <i>(Explain)</i> .

29a. DATE SIGNED	29b. NAME AND GRADE OF SUPERVISOR	29c. SIGNATURE
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SECTION III JUDGE ADVOCATE RECOMMENDATION

<input type="checkbox"/>	30. APPROVAL	32. REMARKS <i>(Continue on reverse side)</i>
<input type="checkbox"/>	31. DISAPPROVAL	
33a. DATE SIGNED	33b. NAME AND GRADE	33c. SIGNATURE

SECTION IV APPROVING AUTHORITY ACTION *(Completed by Unit Commander or Delegatee)*

<input type="checkbox"/>	34. APPROVED	36. REMARKS <i>(Continue on reverse side)</i>
<input type="checkbox"/>	35. DISAPPROVED	
37a. DATE SIGNED	37b. NAME, GRADE AND TITLE	37c. SIGNATURE

