Tightwad Fire Protection District
Dual Employment Request

Request Date: _____/_____/_____

I request approval:

☐ To be employed by or volunteer for a related agency

☐ To become employed by the District while already being employed by or volunteering for one or more related agency

Name of related agency or agencies, additional details, explanation, comments, etc.:

_____

_____

_____

_____

(initial) As a candidate for employment with the District, I acknowledge that I must have approval from the Board of Directors to be an employee of the District if I am already an employee or volunteer of another related agency. Further, I acknowledge that once employed by the District, I must have approval from the Board of Directors to become an employee or volunteer of each related agency for which I am employed or volunteer. I also agree to notify the District Manager or Fire Chief when I am no longer employed by or volunteer for a related agency.

OR

(initial) As an existing employee of the District, I acknowledge that I must have approval from the Board of Directors to become an employee or volunteer of each related agency for which I am employed or volunteer. I also agree to notify the District Manager or Fire Chief when I am no longer employed by or volunteer for a related agency.

_____
Print Your Name

_____
Position Title (i.e., Firefighter, EMT, etc.)

Signature: _____ Date: _____/_____/_____

Board Approval: _____ Date: _____/_____/_____

OR

Board Denial: _____ Date: _____/_____/_____