

**DUAL EMPLOYMENT WAIVER PROCEDURE
FOR VACCINATION DISTRIBUTION**

Name: _____

Date: _____

Department: _____

Title: _____

I hereby request approval to engage in outside employment on a part-time basis specifically for the purpose of vaccine distribution in the State of Tennessee.

Time required for employment: _____

In order to engage in outside employment, I must receive approval from my employer in advance of performing such outside employment in connection with the distribution of vaccines in the State of Tennessee.

Employee signature

Date

APPROVAL OR DECLINATION OF EMPLOYER:

Request Approved

Request Denied

Employer Signature

Date

Name of Signatory

Title