

OFF-DUTY REMUNERATIVE PROFESSIONAL EMPLOYMENT REQUEST

Name of Member

In accordance with NHCCHASNINST 5300.1E, I request permission to engage in off-duty remunerative professional employment. In order to substantiate my request, the following are submitted:

- 1) NHCCHASN 5300/001 Off-Duty Civilian Employment Request
- 2) Letter of Understanding from Prospective Employer
- 3) Statement on the impact of the civilian community and practitioners (e.g., statement from employer, local medical society, or practitioner's own assessment)
- 4) NHCCHASN 5300/002 Off-Duty Remunerative Professional Employment Request

Signature of Member

Date

	RECOMMENDATION	SIGNATURE	DATE
Department Head	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Director	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Executive Officer	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Commanding Officer	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		