RESEARCH FOUNDTION FOR MENTAL HYGIENE, INC APPLICATION FOR APPROVAL OF OUTSIDE ACTIVITY

(A separate application must be submitted for each outside employment)

INSTRUCTIONS:				,		
Applicant type or print original, signalle Dierkens; NKI - Tom O'Har						
1. Full name:	.a, IDK- JC	c Maturi). Original to	rersonner rine, copy to	applicant mulcating app	novar of disapprovar.	
2 Add						
2. Home Address:						
3. Title and Grade:		4. Work Location:				
o. The and stage.						
5 Account Number(s):	5. Account Number(s): 6. Regular Work Schedule:			Phone #: 7. Regularly Scheduled Work Days:		
3. Recount Number(s).	AM "'AM			7. Regularly Schedul	ed Work Days.	
	From PM					
Hourly employees: approx # of hours per week: 8. Nature of outside activity for which you are requesting approval:						
or remark of outside uservity for which you are requesting upproxim						
9. List other outside activity(s) in which you are currently engaged:						
			engaged in private	(c). Days and hours	(d) Expected	
organization for whom you will perform outside activity:		practice of a profession, provide location of your office, clinic or other facility:		during which you will be engaged in	Compensation- If none, indicate "0)	
				outside activity:	, ,	
I certify that I have received, read and understand the Research Foundation for Mental Hygiene policy on outside activity and that the						
statements or responses made above are correct and complete. I acknowledge my responsibility to submit an amended application whenever the nature of my Research Foundation for Mental Hygiene duties or the outside activity materially changes.						
whenever the nature of my Research	1 Foundati	on for Mental Hygiene	duties or the outside act	ivity materially changes		
Date Approved		Signature of Employee		Type/Print name of E	imployee	
Disapproved						
		G		T /D.:		
Date Signature of Superv				Type/Print name of Supervisor		
Comment Approved	.s:					
Disapproved						
Signature of Managing Director/De	signee	Title		Data		