



REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Policy

The employment responsibilities to the State are primary for any employee working full-time; any other employment in which that person chooses to engage is secondary. An employee shall have approval from the agency head before engaging in any secondary employment. The purpose of this approval procedure is to determine that the secondary employment does not have an adverse effect on the primary employment and does not create a conflict of interest. These provisions for secondary employment apply to all employment not covered by the policy on Dual Employment.

Secondary employment shall not be permitted when it would:

- create either directly or indirectly a conflict of interest with the primary employment, or
- impair in any way the employee's ability to perform all expected duties, to make decisions and carry out in an objective fashion the responsibilities of the employee's position.

Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment.

Please allow two weeks for administrative processing

| | | |
|--|----------------------------------|----------------------------------|
| Type of Request (Please check one) | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal |
| I. | | |
| Employee full name: | | |
| Position title: | | |
| Dep't/Division: | | |
| Work address: | | |
| Supervisor name: | Date submitted to supervisor: | |
| II. | | |
| Please provide the name and address of the outside employer and the nature of the business. | | |
| III. | | |
| Explain below in complete detail the type of work you will perform for the outside employer. | | |
| IV. | | |
| Dates of proposed employment: | From: | To: |
| Work Hours: | From: | To: |
| (Note: Limited to one (1) year starting on the approval notification from Human Resources) | | |
| Date approval desired: | | |
| (Note: Allow two (2) weeks for administrative review from time of submission) | | |

EMPLOYEE'S CERTIFICATION

I, _____, have read the North Carolina Office of State Human Resources Secondary Employment policy and if approved, I understand and agree that my secondary employment:

- A. Will not have any impact on nor create any possibility of conflict with my primary employment and will not disclose or use state agency information or access to information in secondary employment;
- B. Will not be promoted in any way by my state agency position and will not interfere with my responsibilities with agency, including impairing my physical condition, mental attentiveness or job performance;
- C. Will not create a conflict of interest or the appearance of a conflict of interest, direct or otherwise and will not require nor expect me to request leave without pay.
- D. If any of the above-described conditions change after my secondary employment has been approved, then I must submit another form for approval immediately, noting that such conditions have changed or will change;
- E. An approval of secondary employment is subject to review at any time and may be revoked at any time. Failure to provide accurate information regarding my secondary employment approval request or to follow all policies regarding secondary employment may be considered unacceptable personal conduct which could subject me to discipline up to and including dismissal;
- F. This approval expires twelve (12) months from the date of Human Resources approval and request for approval must be resubmitted at least thirty (30) days prior to the expiration for continuing secondary employment; and
- G. My secondary employment information is public and may be disclosed to third parties.

Employee Signature

Date

Approval Signatures

Approved: Yes No Immediate
 Supervisor _____ Date _____

Approved: Yes No Division Director
 (if applicable) _____ Date _____

Approved: Yes No Agency Head
 (or designee) _____ Date _____

Agency Human Resources:

Request has been approved From: _____ To: _____

Request has been denied with following explanation:

Copies of approved/denied form sent to employee and supervisor: _____ Date _____

By: _____