COLUMBUS COUNTY

REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Policy

The employment responsibilities to the County 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 department 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 Outsidel 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Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment.

Employee Information

Department _____ Division _____

Employee _____ Job Title _____

Secondary Employer _____

Nature of employer's business and description of duties to be performed _____

_____

_____

(If additional space is needed, continue on the reverse side.)

Work Schedule (days/times of work): _____

Employee Certification

I understand:
- the policy governing outside employment. My secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment.
- that 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.
- that 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☐ Department Head _____ Date _____