NC DEPARTMENT OF LABOR

SECONDARY EMPLOYMENT REQUEST FORM

**Notes:** Part-time employees are not required to request approval for secondary employment; however, the potential for conflict of interest shall be reported to appropriate bureau/division management in order for employment to be evaluated.

The employment responsibilities to the NC Department of Labor are primary for any full-time employee and 30-hour employee; any other employment in which a full-time or 30-hour NCDOL employee chooses to engage is secondary. Any other employment with a non-State government employer in which that person chooses to engage is secondary. Secondary employment is not dual employment. Approval from the appropriate agency personnel is required before any full-time or 30-hour NCDOL employee may engage 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 employee’s primary employment and does not create a conflict of interest of any type.

Secondary employment shall not be permitted when it may create any conflict of interest with the primary employment or in any way impair the employee’s ability to perform all required and expected duties 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 Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment, or if a conflict of interest becomes apparent.

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| Initial Approval \_\_\_\_ or Annual Renewal \_\_\_\_ (Check One)  Note: Request for annual renewal of approval must be submitted at least thirty (30) days prior to expiration for continuing secondary employment.  Requesting Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division/Job Title: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Example: OSH/CSHO)  NCDOL Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Proposed Secondary Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of business and description of duties performed on secondary job (continue on reverse side if additional space is required):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain any relationship the proposed work may have with the skills/knowledge utilized in your primary NCDOL employment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secondary Employment Work Schedule (days and hours worked per week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval is only for a one year period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YY)  Date final approval needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Requesting Employee Certification

* I understand and certify that I have read the NCDOL’s Secondary Employment Policy and applicable State Personnel policies (and that, if approved, my requested secondary employment (1) will not interfere with my responsibilities with NCDOL, including impairing my physical condition, mental attentiveness, or job performance; (2) will not create a conflict of interest or the appearance of a conflict of interest, direct or otherwise; (3) will not require or expect me to request leave without pay; or (4) will not be promoted in any way by my NCDOL position.
* I understand that failure to provide complete and accurate information regarding my secondary employment 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.
* Approval of secondary employment is subject to review at any time and may be revoked at any time.
* I understand that secondary employment information is public information and may be disclosed to third parties.
* It is my responsibility to update the form annually as well as document any changes that may occur during my secondary employment. If changes occur during my secondary employment, I will submit a revised form for approval immediately upon notification of any conditions that have changed or will change.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Signatures**

**Approved: Yes⁪ No⁪ Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_­\_\_\_\_\_\_\_**

**Approved: Yes⁪ No⁪ Bureau Chief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Approved: Yes⁪ No⁪ Deputy Commission/Division Dir.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Approved: Yes⁪ No⁪ Human Resources Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Approved: Yes⁪ No⁪ Chief of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**