

Request for Approval of Secondary Employment

College Policy: 4.04.01 - Secondary Employment and Compensation:

Full-time College employees' primary professional obligation is to the College. Full-time employees who engage in secondary employment have the responsibility to ensure that any such employment does not interfere with their work at the College as outlined in the employee's position description and the College's policies and procedures. The employee shall not utilize College time, facilities, supplies or equipment in relation to any secondary employment. Prior to beginning any secondary employment, the employee shall provide a written notice of intent for secondary employment to the President or President's designee. The notice shall contain, at a minimum: 1) the name and contact information of the prospective secondary employer; 2) the proposed job duties; and 3) the estimated hours per week devoted to the secondary employment. The President or designee shall approve or disapprove of any secondary employment and his/her decision is final.

<u>Information</u>		
Employee Name	Position	Department
<p>No I am <u>not</u> secondarily employed. I understand I am responsible for obtaining approval and for understanding and adhering to the college policy for secondary employment.</p>		
<p>Yes I am secondarily employed and I am providing the following information:</p>		
Name of Secondary Employer and Location _____		
Nature of Employer's Business: _____		
Job Title: _____		
Work Schedule (days/times of work): _____		
Description of duties performed: _____		
Does this employer conduct business with or provide a service to the college? Yes No		
If yes, would you benefit directly, (i.e., commissions, etc.). Please explain _____		
If yes, do you specify or approve college purchasing or contracts related to this employer? Please explain _____		
<p>My signature below certifies:</p> <ul style="list-style-type: none"> • I understand the policy governing secondary employment. My secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment • I understand 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 • I understand that secondary employment information is public and may be disclosed to third parties. 		
Employee Signature _____		Date _____

<u>Supervisory Acknowledgements</u>		
Approval Recommendation:		
Yes	No	
		Supervisor _____
		Date _____
Approval Recommendation:		
Yes	No	
		Vice President or Executive Vice President _____
		Date _____

<u>Presidential Approval</u>		
Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment with Southwestern Community College.		
Approved: Yes No		
		President _____
		Date _____