

**NOTIFICATION OF SECONDARY EMPLOYMENT**

Faculty must complete the *Notification of Secondary Employment* form and submit the form to the appropriate supervisor. It is the responsibility of the employee to notify the University by submitting a revised *Notification of Secondary Employment* form if the status of secondary employment changes. If no change occurs with the previously reported secondary employment, the employee is required to re-submit the *Notification of Secondary Employment* form to the appropriate supervisor on an annual basis.

Employee Name: Click here to enter text. Employee Number: Click here to enter text.

Name of Secondary Employer: Click here to enter text.

Secondary Employment Title: Click here to enter text. Effective Date: Click here to enter text.

Description of Secondary Employment Duties/Responsibilities: Click here to enter text.

Employee Compliance Statement: I have read and understand the University’s *Guidelines – Faculty Expectations* and affirm that this notification of secondary employment complies with all requirements listed therein.

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Employee Signature Date

Review of this form by the supervisor indicates that this potential secondary employment meets the criteria set forth in the *Guidelines-Faculty Expectations.*

Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor Date

cc Employee

Immediate Supervisor