**NOTIFICATION OF SECONDARY EMPLOYMENT**

All full-time employees must complete the *Notification of Secondary Employment* form and submit the form to the appropriate supervisor.

According to policy, full-time employees may not engage in secondary employment if it results in a conflict of commitment, or otherwise interferes, undermines, or conflicts with the employee’s position and work at the University. Before accepting any secondary employment (or performing any work relating to a secondary employment) (a) for or relating to any public or private college or university, or for a vendor or contractor thereof; or (b) relating to the same or substantially similar type of duties performed by the employee for the University, a full-time University employee must complete and submit a *Notification of Secondary Employment* form to his/her appropriate supervisor. Such forms shall be submitted on an **annual basis (at the beginning of the academic year in the Fall)** and at any other such time that approval is needed.

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

[ ]  I do not participate in any secondary employment as defined in the *Secondary Employment* policy.

Name of Secondary Employer/Contractor: 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.

If teaching at an outside institution, how many courses/hours will you teach each semester? Click or tap here to enter text.

For non-teaching employment, how many hours are you working per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

Review of this form by the supervisor indicates that this potential secondary employment meets the criteria set forth in the *Secondary Employment* policy*.*

[ ]  Approved [ ]  Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Date

[ ]  Approved [ ]  Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean (if applicable) Date

[ ]  Approved [ ]  Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Appropriate Vice President Date

[ ]  Approved [ ]  Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 President Date

cc Employee Employee Personnel File

 Dean (if applicable) Supervisor