**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 (by April 15th for the upcoming academic year)** 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** | **Secondary Employment Title** | **Start/End Date of Secondary Employment** | **Description of Secondary Employment Duties/Responsibilities** | **If teaching, how many credit hours will you teach each semester** | **If non-teaching,**  **How many clock hours are you working per week?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text.  a |

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*.*

**APPROVALS**

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