

**NC DEPARTMENT OF ADMINISTRATION
REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT FORM**

Policy

The employment responsibilities to the State are primary for any employee working full-time; any other employment in which that person chooses to engage is secondary. An employee shall have approval from the agency head before engaging 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 primary employment and does not create a conflict of interest. These provisions for secondary employment apply to all employment not covered by the policy on Dual Employment.

Secondary employment shall not be permitted when it would:

- create either directly or indirectly a conflict of interest with the primary employment, or
- impair in any way the employee's ability to perform all expected duties, to make decisions and carry out in an objective fashion the responsibilities 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Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment.

Employee Information:

Division: _____ Classification/Grade: _____/_____

Employee Name: _____

Secondary Employer Information:

Name of Secondary Employer: _____

Address: _____

Nature of business and description of duties performed (if additional space is needed, continue on reverse side):

Work Schedule (days and hours worked per week): _____

Employee Certification

I understand:

- The policy governing Secondary Employment in that my secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment (NC Department of Administration).
- 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.
- 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 as they occur.

Employee Signature: _____ **Date:** _____

Approval Signatures

Approved: Yes No Immediate Supervisor: _____ Date: ____/____/____

Approved: Yes No Division Director: _____ Date: ____/____/____

Approved: Yes No Agency Head (or Designee): _____ Date: ____/____/____

Approved: Yes No State Personnel Director (if required): _____ Date: ____/____/____

Contact Susan Pait at 919-807-2490 or email Susan.Pait@doa.nc.gov if you have any questions.