

## Secondary Employment Acknowledgement and Approval Form

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

I acknowledge that I have read the Secondary Employment policy.

**Check One:**

I am not engaged in Secondary employment currently. I agree to comply with the provisions of the secondary employment policy and will seek approval from the agency head before engaging in secondary employment. (Please sign, date and bring to Human Resources).

I am requesting permission to be engaged in Secondary Employment. I understand the policy governing secondary employment, and my secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment. I understand that permission to engage in secondary employment may be withdrawn at any time if in the opinion of my supervisor such employment hampers my job performance at Durham Technical Community College.

Secondary Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Please give any additional information that is pertinent to this request:

My work schedule with Durham Technical Community College is from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**Required Signatures**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

President Signature \_\_\_\_\_ Date \_\_\_\_\_