

# SANDHILLS COMMUNITY COLLEGE REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

**Policy**

In accordance with guidelines issued by the NCCCS office, Sandhills Community College will establish a process that addresses the approval of secondary employment by the President or his designee. For clarification, "secondary employment" refers to work done for pay, whether self-employed or as an agent for agencies other than Sandhills Community College or at Sandhills outside of the employee's regular annual contract.

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Approval for secondary employment may be withdrawn at any time if it is determined that secondary employment has an adverse impact on primary employment.

<b><u>Employee Information</u></b>	
Department _____	Division _____
Employee _____	Classification _____
<b>Secondary Employer Information</b>	
Name of Employer: _____	
Nature of employer's business and description of duties to be performed _____ _____ _____	
Secondary Employment Work Schedule (days/times of work): _____	
(If additional space is needed, continue on the reverse side.)	

<b><u>Employee Certification</u></b>	
I understand:	
<ul style="list-style-type: none"> <li>• the policy governing secondary employment. My secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment.</li> <li>• 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.</li> <li>• that secondary employment information is public and may be disclosed to third parties.</li> </ul>	
_____	Date _____
<b>Employee Signature</b>	

<b><u>Approval Signatures</u></b>	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
_____	
<b>Immediate Supervisor</b>	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
_____	
<b>Human Resource Director (if applicable)</b>	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
_____	
<b>Dept. Chair or Supervisor (or designee)</b>	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
_____	
<b>Dean (if required)</b>	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
_____	
<b>Vice President or President</b>	