



Request for Approval of Secondary Employment

POLICY

The employment responsibilities to the State are primary for any employee working full-time for the Department of Environmental Quality ("DEQ" or "Department"); any other employment in which that person chooses to engage is secondary. An employee shall have approval from the appropriate members of DEQ management prior to engaging in any such secondary employment. The purpose of requiring agency approval is to ensure that the secondary employment at issue neither creates a conflict of interest nor compromises the employee's ability to meet the performance expectations associated with his/her position at DEQ. The provisions set out in this Secondary Employment Policy apply to all employment not covered under the State's Dual Employment Policy.

DEQ will not permit secondary employment when such employment would:

1. Create, either directly or indirectly, a conflict of interest with the employee's primary employment; or
2. Impair in any way the employee's ability to perform all expected duties, make decisions and carry out in an objective fashion the responsibilities of the employee's position at DEQ.

Approval for secondary employment may be withdrawn at any time if DEQ management subsequently determines the secondary employment in question violates either of the above-referenced prohibitions.

PROCEDURE FOR APPROVAL

A DEQ employee who wishes to engage in secondary employment must first obtain written approval from (i) his/her immediate supervisor, (ii) his/her division director, and (iii) the Director or Deputy Director of DEQ's Division of Human Resources.

A new DEQ employee who wishes to continue a second, pre-existing employment arrangement must apply for the same written approvals within 60 days of commencing employment with DEQ. Alternatively, the employee must cease his/her secondary employment prior to the end of that period.

Primary (DEQ) Employment Information:

Employee Name: _____

Division: _____

Job Title/Position Classification: _____

Physical Work Location:

Immediate Supervisor: _____

Detailed Position Description:

DEQ Work Schedule **(days/hours of work including a.m./p.m.)** _____

Secondary Employment Information:

Name of Secondary Employer:

Job Title: _____

Website Address of Secondary Employer (Indicate "N/A" if no website exists): _____

Supervisor's Name: _____

Telephone Number: _____

Mailing Address (if different than above):

Physical Address:

Nature of Secondary Employer's Business or Profession:

Detailed Description of Duties/Activities Performed:

Secondary Work Schedule (days/hours of work including a.m./p.m.) _____

Anticipated Dates of Secondary Employment: _____

Use of DEQ Job Title in Secondary Employment: Yes No

Employee Certifications and Acknowledgements

By signing and dating this form in the space provided below, I hereby make the following certifications and acknowledgements with respect to my secondary employment:

- a. I certify that I have read DEQ's Secondary Employment Policy in its entirety and understand the requirements set forth therein.
- b. I certify that, to the best of my knowledge and belief, the information I have provided on this Request for Approval of Secondary Employment form is true, accurate and complete.
- c. Applying the standards and criteria set out in the Secondary Employment Policy, I have made a good-faith determination that the secondary employment proposed herein neither creates a conflict of interest with my primary employment at DEQ nor compromises my ability to meet the performance expectations associated with my position at DEQ.
- d. I understand and acknowledge that I must obtain all requisite approvals prior to commencing any employment that is secondary to my employment at DEQ; or, in the case of a new employee who wishes to continue a second, pre-existing employment arrangement, I understand and acknowledge that I must apply for such approval within 60 days of commencing employment with DEQ or else cease the secondary employment prior to the end of that period.
- e. I understand and acknowledge that approval of secondary employment may be withdrawn at any time if DEQ management determines that the secondary employment in question either creates a conflict of interest or adversely affects my job performance at DEQ.
- f. I understand and acknowledge that failure to provide accurate information concerning my secondary employment or to follow the requirements set forth in the Secondary Employment Policy may be considered unacceptable personal conduct subject to discipline, up to and including dismissal.
- g. I understand and acknowledge that I have an ongoing obligation to update this Request for Approval of Secondary Employment form (i) any time the information I have provided herein changes, and (ii) annually or by January 1, irrespective of whether any information has changed.
- h. I understand and acknowledge that information provided to DEQ concerning my secondary employment is subject to North Carolina's public records laws and may be disclosed to third parties.

Employee's Signature Date

New Request for Secondary Employment: Yes
Annual Renewal for Secondary Employment: Yes

Recommended Approval: Yes No _____
Immediate Supervisor Signature (required) Date

Approved: Yes No _____
Division Director Signature (required) Date

Approved: Yes No _____
HR Manager Signature (required) Date

Approved: Yes No _____
HR/Deputy HR Director Signature (required) Date

Approved: Yes No _____
DEQ Secretary Signature (if required) Date

Approved: Yes No _____
State HR Director Signature (if required) Date