

UNC General Administration
Request for Approval of Secondary Employment for SPA Employees

The employment responsibilities to the University and 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 their Division Director 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 SPA employment not covered by the Dual Employment policy (State Personnel Manual, Section 3, Page 16-23).

Secondary employment shall not be permitted when it will:

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Approval for secondary employment may be withdrawn at any time if it is determined secondary employment has an adverse impact on primary employment.

Employee Information

Employee Name _____ Department _____

Name of Secondary Employer _____

Nature of Employer's Business _____

Brief Description of duties to be performed _____

Work Schedule (Days of week/Time of Work) _____

Employee Certification

I understand:

- 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.
- 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.
- I am to update this form annually, as well as to document changes as they occur.
- that secondary employment information is public and may be disclosed to third parties.

Employee Signature _____ Date _____

Director/Supervisor Signature _____ Date _____

Division Head Signature _____ Date _____

Human Resources Signature _____ Date _____

(Please mark approval status below)

Approved

Not Approved