

**Procedures: Request for Approval of Secondary Employment**

1. A notice of intent must be submitted for each secondary employment position.
2. Before beginning secondary employment, prior approval must be received.
3. An employee must submit a notice of intent to their immediate supervisor. The immediate supervisor will review the notice of intent and submit recommendations to the appropriate Dean (if applicable). The Dean will have an opportunity to review and submit recommendations to the Director of Human Resources. The Director of Human Resources will then submit recommendations to the appropriate Vice President. The Vice President will review the notice of intent, take into consideration any recommendations that have been submitted by the Supervisor, Dean, and Director of Human Resources, and will then submit their recommendations to the President. The President will review the notice of intent and take into consideration all recommendations before making the final recommendation.
4. The original Notice of Intent for Secondary Employment will be filed in Human Resources and a copy will be provided to the employee.
5. Any changes to the original agreement must be approved via submission of a new form.

**Off-Campus Secondary Employment**

**Name of Secondary Employer:** \_\_\_\_\_

**Address of Secondary Employer:** \_\_\_\_\_

**Secondary Employment Information:**

1. On average, how many hours per week will be devoted to the secondary employment position? \_\_\_\_\_
2. What classes, meetings, or other college duties will be missed while engaging in the secondary employment position?  
\_\_\_\_\_  
\_\_\_\_\_
3. What arrangements have been made to cover any such duties missed while engaging in secondary employment?  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the nature of the secondary employment position? (if internal instructional position, list subject, course, section no. and title)  
\_\_\_\_\_  
\_\_\_\_\_

**My signature below certifies:**

- I understand the policy governing secondary employment, and performance of the above described activity is consistent with the Secondary Employment and Compensation Policy.

Printed Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE ACTION:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_ Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_ Approved:  Yes  No

Reason if not approved: \_\_\_\_\_