

An employee is required have approval from management prior to engaging in any secondary employment to ensure secondary employment does not have an adverse effect on the primary employment, and does not create a conflict of interest. **It is a requirement that this form is submitted and approved prior to beginning secondary employment. Submit form to employment@nccu.edu.**

Date	Type of Request <input type="checkbox"/> Initial <input type="checkbox"/> Renewal					
EMPLOYEE INFORMATION						
Employee Name	Banner ID					
Department Name	Department Number					
Position Title	Work Schedule					
Secondary Employer (Name)						
Duties to be performed:						
Work Schedule <small>(days/times scheduled to work)</small>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Expected Start Date			Expected End Date			
EMPLOYEE CERTIFICATION						
I certify that:						
<ol style="list-style-type: none"> 1. I have read and understand the secondary employment policy. 2. Secondary employment will not have an impact on, nor will it create the possibility of conflict with my primary employer, NCCU. 3. If a conflict of interest develops with my secondary employment, approval is automatically revoked by my primary NCCU. 4. Annually I will submit a new secondary employment form, if continuing secondary employment. 5. 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. 6. Secondary employment data is classified as public information and may be disclosed to third parties. 						
Employee Signature				Date		
TO BE COMPLETED BY DIRECT SUPERVISOR, HR MANAGER REPRESENTATIVE, EMPLOYMENT MANAGER						
<input type="checkbox"/> The secondary employment does not conflict with the employee's primary employment or present a work performance issue.						
<input type="checkbox"/> The request is denied because it presents a conflict of interest with the employee's primary employment.						
<input type="checkbox"/> The request is denied because it interferes with the employee's ability to perform all expected duties.						
<input type="checkbox"/> The request is being forward to the Office of State Human Resources for approval due to a possible conflict with state operations.						
Direct Supervisor Name		Direct Supervisor Signature			Date	
HR Representative/Designee Name		HR Representative Signature			Date	
OHR Employment Manager Name		OHR Employment Manager Signature			Date	
TO BE COMPLETED BY THE OFFICE OF STATE HUMAN RESOURCES (if applicable)						
<input type="checkbox"/> The secondary employment request is approved.						
<input type="checkbox"/> The request is denied because it presents a conflict with state operations.						
State Human Resources Director/Designee Name		State Human Resources Director/Designee Signature			Date	