

SECONDARY EMPLOYMENT NOTIFICATION FORM FOR RTA EMPLOYEES

TO BE COMPLETED BY THE EMPLOYEE:

TODAY'S DATE: _____

NAME: _____ TITLE: _____

DEPT: _____

Name _____ Number _____

CB# _____ REGULAR WORK SCHEDULE: _____

NAME OF SECONDARY EMPLOYER: _____

DUTIES TO BE PERFORMED: _____

WORK SCHEDULE: _____ HOURS PER WEEK: _____

EXPECTED START DATE: _____ EXPECTED END DATE: _____

EMPLOYEE CERTIFICATION:

I certify that:

- I have read and understand the policy governing secondary employment.
- My secondary employment will not have an impact on, and will not create any possibility of conflict with, my primary employment.
- 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 disciplinary action up to and including dismissal.
- Secondary employment information is public and may be disclosed to third parties.

Employee's Signature

Date

TO BE COMPLETED BY THE SUPERVISOR:

- ☐ The secondary employment listed above does not conflict with the employee's primary employment or present a work performance issue.
- ☐ The request is denied because it presents a conflict of interest with the employee's primary employment.
- ☐ The request is denied because it interferes with the employee's ability to perform all expected duties.
- ☐ The request is being forwarded to the Chief Human Resources Officer for approval due to a possible conflict with operations.

Supervisor's Name

Supervisor's Signature

Date

TO BE COMPLETED BY HUMAN CAPITAL (if applicable):

- ☐ The request is approved.
- ☐ The request is denied because it presents a conflict with State operations.

Authorized Human Capital Official

Authorized Human Capital Official's
Signature

Date

Scan and submit this signed form to humanresources@rtaforward.org