



SARPY COUNTY

SECONDARY EMPLOYMENT REQUEST FORM

Employees planning to undertake secondary employment must request and obtain approval of secondary employment in advance of accepting secondary employment.

EMPLOYEE INFORMATION

Employee Name: _____ Date: _____
Department: _____
Job Title: _____

SECONDARY EMPLOYMENT INFORMATION

Business Name: _____
Nature of Business: _____ Phone #: _____
Work Hours/Days: _____
Summary of Duties: _____

Expected Duration: _____

SECONDARY EMPLOYMENT REQUEST STATEMENT

I understand, certify, and hereby agree to the following:

1. My secondary employment will not have any impact or create any possibility of conflict with my primary (Sarpy County) employment.
2. Should any conflict arise my primary employment will take precedence.
3. Failure to provide accurate information regarding my secondary employment approval request or to follow all policies regarding secondary employment may be considered unacceptable and may lead to discipline up to and including dismissal.
4. During my secondary employment, any injury or illness is the responsibility of my secondary employer for workers' compensation.
5. Secondary employment information is public and may be disclosed to third parties.
6. I am required to update this form annually as well as to document changes as they occur.
7. Approval of secondary employment may be withdrawn at any time if it is determined that it has an adverse impact on my primary employment.

Employee Signature _____ Date _____

REQUEST DISPOSITION

- Request approved, as there is no conflict of time or interest with primary employment.
- Request denied, as conflict exists with primary employment.
- Request denied, as interferes with employee's ability to perform primary employment.

Elected Official/Department Head Signature _____ Date _____

Submit executed form to Human Resources Department

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