

## **OUTSIDE EMPLOYMENT REQUEST**

Request Date:		
Employee Name:		
Last	First	MI
SSN:	Date of Birth:/	_/
Department:	Job Title:	

In accordance with the Personnel Ordinance under Article 5, employment with Harnett County takes priority over other employment interests of regular employees. The purpose of this approval policy is to determine that secondary work does not have an adverse affect upon county work, is not controversial to County policies, and does not create an appearance of impropriety to the citizens. Outside Employment may be restricted to prevent interference with efficient county service. No employee will perform outside employment which is inconsistent with a professional code of ethics or appears to present a conflict of interest. Employees will not be approved to perform outside employment for any person in their supervisory chain or while in a *Family Medical Leave* status.

	OUTSIDE EMPLOYMENT INFORMATION	
Secondary Employe	r Name:	-
Employer Address:	Street Number & Name	_
	City, State, Zip	-
Employer Phone Nur	mber: ()	
Secondary Position	Title:	_
Outside Position Dut	lies:	-

## CERTIFICATION

I request approval to obtain outside employment as described above. I have read and understand the Outside Employment policy (Personnel Ordinance, Article 5, Section 5) and my outside employment will in no way conflict/interfere with my employment with Harnett County. I understand that this authorization may be revoked if the outside employment adversely affects my performance with Harnett County.

As Department Director of	_ I have reviewed your request for outside
employment and in accordance with the above provision	ons, your request is approved.

Please forward original to Human Resources to be filed in Personnel file.

Date

**Department Director Signature**