

MONTGOMERY COUNTY GOVERNMENT

REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

This form is used for County employee's to obtain advance approval of secondary employment, whether or not for compensation, whenever the work stems from, could conflict with, or may relate to the employee's job duties or status as a County employee. The review by the supervisor and the department administrative head should focus on whether or not the secondary employment appears to conflict with State/County ethics law and/or County policy. **This form shall be completed each time any type of leave is taken and secondary employment will be utilized.**

Employee Name	Title	Department
Secondary Employer: (Name & Address)		Date(s) that work will be performed: From: _____ to _____ or <input type="checkbox"/> Indefinite
Type of Organization for which Work is to be Performed:	<input type="checkbox"/> Private <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other	
Briefly describe the work that will be performed:		
When will work be performed <input type="checkbox"/> Outside regular work hours <input type="checkbox"/> During regular work hours	If work will be performed during regular work hours I plan on requesting: <input type="checkbox"/> Annual Leave <input type="checkbox"/> Leave Without Pay	
Is the Organization for which the work is to be performed one which you, your spouse, significant other or your children; <input type="checkbox"/> Yes <input type="checkbox"/> No Own equity/stock or is a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Hold a management position? <input type="checkbox"/> Yes <input type="checkbox"/> No Participate in it's ongoing operation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have any role in the scientific/technical program of the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Will be transferring and/or applying non-patented technology or information developed at Montgomery Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No Will be utilizing county equipment, tools and/or supplies?		
Date by which response to this request is needed:	_____ Employee Signature Date	
Supervisor's Name:	Phone Number:	Email Address:
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval NOT Recommended	_____ Supervisor's Signature Date	
Department Head / Elected Official: _____ <p align="center">Printed Name</p>		
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request NOT Approved	_____ Department Head/Elected Official Signature Date	