



**SECONDARY EMPLOYMENT REQUEST FORM FOR SHRA EMPLOYEES**

This form must be submitted prior to beginning secondary employment. Submit form via email to: [specialemployment@unc.edu](mailto:specialemployment@unc.edu)

	<b>TODAY'S DATE:</b>	
<b>TYPE OF REQUEST</b>	Initial Request	<input type="checkbox"/> Annual Renewal

**TO BE COMPLETED BY THE EMPLOYEE:**

<b>Full Name:</b>		<b>PID Number:</b>	
<b>Department Name:</b>		<b>Department Number:</b>	
<b>Branch/Role/Competency:</b>		<b>Work Schedule:</b>	
<b>Secondary Employer:</b>			
<b>Duties to be Performed:</b>			
<b>Proposed Work Schedule:</b>		<b>Hours per Week:</b>	
<b>Expected Start Date:</b>		<b>Expected End Date:</b>	

**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 such as I do not have any financial or personal relationship with the secondary employer.
- 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.
- I will submit a new secondary employment each January if continuing secondary employment.
- Secondary employment information is public and may be disclosed to third parties.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE DIRECT SUPERVISOR & HR REPRESENTATIVE:**

- 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 Office of State Human Resources for approval due to a possible conflict with state operations.

\_\_\_\_\_  
Direct Supervisor Name

\_\_\_\_\_  
Direct Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative Name

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY OHR EMPLOYMENT & STAFFING (internal office use):**

\_\_\_\_\_  
Employment & Staffing Representative/Designee Initials

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE OFFICE OF STATE HUMAN RESOURCES (if applicable):**

- The request is approved.
- 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