FAYETTEVILLE STATE UNIVERSITY
REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT
(for SPA employees only)

TO BE COMPLETED BY THE EMPLOYEE

NAME _____ POSITION _____

DEPARTMENT _____ WORK SCHEDULE _____

NAME OF SECONDARY EMPLOYER _____

 DUTIES TO BE PERFORMED _____

_____
(If additional space is needed, attach another sheet.)

WORK SCHEDULE:_____ HOURS PER WEEK: _____

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.

_____
Employee's Signature   Date

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR (please check the appropriate box)

☐ 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 presents a conflict of commitment which interferes with the employee's ability to perform all expected duties.
☐ The request is being forwarded to the University's Office of Human Resources for submission to the Office of State Personnel for approval due to a possible conflict with State operations.

_____
Supervisor's Name   Signature   Date

TO BE COMPLETED BY THE DIVISION HEAD (please check the appropriate box)

☐ The request is approved
☐ The request is denied because it presents a conflict of interest or a conflict of commitment.

_____
Division Head's Name   Signature   Date

TO BE COMPLETED BY THE OFFICE OF STATE PERSONNEL (if applicable)

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

_____
Authorized State Personnel Official   Signature   Date