

**FAYETTEVILLE STATE UNIVERSITY**  
**REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT/ACTIVITY**  
**(for SHRA & Temporary employees only)**

**TO BE COMPLETED BY THE EMPLOYEE – Please print**

NAME & BANNER # \_\_\_\_\_ FSU POSITION \_\_\_\_\_

FSU DEPARTMENT \_\_\_\_\_ FSU WORK SCHEDULE \_\_\_\_\_

NAME OF SECONDARY EMPLOYER \_\_\_\_\_ IS THIS A PAID POSITION? \_\_\_\_\_

TITLE & DUTIES TO BE PERFORMED \_\_\_\_\_

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

SECONDARY WORK SCHEDULE: \_\_\_\_\_ SECONDARY 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 Human Resources for approval due to a possible conflict with State operations.

\_\_\_\_\_  
Supervisor's Printed 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 Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 of interest with State operations.

\_\_\_\_\_  
Authorized State Personnel Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date