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## REQUEST FOR SECONDARY/OUTSIDE EMPLOYMENT

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### County of Yadkin

This form is required for all County of Yadkin employees who wish or currently have secondary employment, either in another department or outside their employment with Yadkin County Government. Approval is required from the employee's supervisor, department director and the County Manager. The purpose of this process is to ensure the additional/secondary/outside employment does not conflict, either real or perceived, with the employee's primary position, the department or the County. This approval is required prior to starting any additional employment.

Secondary employment must not interfere with the employee's regular position. It is the employee's responsibility to ensure the additional employment does not interfere with the performance of the regular job functions. Approval for secondary employment may be withdrawn at any time by the department/agency director or the County Manager.

Requesting Employee's Name (print clearly): \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Division: \_\_\_\_\_

Secondary Employer Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Secondary Employers' Telephone Number: \_\_\_\_\_

Nature of secondary employer's business and description of duties to be performed: \_\_\_\_\_  
\_\_\_\_\_

Typical Work Schedule (include approximate days of the week and periods/times of work): \_\_\_\_\_  
\_\_\_\_\_

### Employee Certification

I understand the policy governing secondary employment. My secondary employment will not have any impact on and will not create any possibility of conflict with my primary employment. I understand that failure to provide accurate information regarding my secondary employment or to follow all policies/instructions regarding secondary employment will constitute unacceptable personal conduct which will subject me to discipline up to and including dismissal. I understand that secondary employment information is public information and may be disclosed to third parties.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval Signatures

Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Immediate Supervisor & Date _____
Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Department Director & Date _____
Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	County Manager & Date _____