

REQUEST TO PARTICIPATE IN NON-COMMISSION EMPLOYMENT

In compliance with Administrative Practice 2-14 Non-Commission Employment and Non-Commission Business, I am providing notification of my non-Commission (secondary) employment.

(Type or Print)

EMPLOYMENT STATUS:

- My current employment status with the Commission is:
 Probationary Merit System Career Merit System Contract
- As a Career Merit System employee (if applicable), I am a member of the following:
 Career (Non-Union) Career MCGEO* Career FOP*
- I am currently employed in the following type of position:
 Full Time Part Time
- Employee Name _____
- Position Title _____
- M-NCPPC work location _____
- Division _____ Department _____
- Supervisor's name _____
- Description of job duties _____

- Commission Work schedule Hours: _____ Days: _____

NON-COMMISSION EMPLOYMENT INFORMATION:

- Name of Non-Commission Employer or self-employed business title:

 - Phone () _____ Non-Commission Employment Commencement Date _____
 - Address _____
 - Work Schedule Hours: _____ Days: _____
 - Description of Non-Commission employment duties: _____

- (Use separate sheet if necessary)*
- Does the secondary employer do business with the Commission or have input with respect to decision-making within the Commission? _____
 If so, please specify _____

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FORM A-1

NON-COMMISSION EMPLOYMENT INFORMATION (Continued):

- Does the secondary employment involve use of Commission Equipment/Property (refer to Administrative Practice 2-15 Employee Use Of Commission Property)? _____
If so, please list any Commission equipment/property, which will be needed in the course of secondary employment activities? _____

- Explain the reason(s) why this Practice will not be violated: _____

Employee's Signature

Date

******SUBMIT THIS FORM TO YOUR IMMEDIATE SUPERVISOR******

Your supervisor may contact you for further information. Should your Non-Commission employment cease or change, you must update this form IMMEDIATELY.

*Career MCGEO and FOP members should refer to Collective Bargaining Agreement for additional notification requirements

SUPERVISOR/DIVISION CHIEF RECOMMENDATION

Date received: _____

Reason for recommending approval or denial:

____ Recommend Approval

____ Recommend Denial

Signature of Supervisor/Division Chief

******Supervisor/Division Chief should then forward to Department Head******

Date

DEPARTMENT HEAD

Date received: _____

Explanation of approval or denial:

____ Approve

____ Deny

Signature of Department Head

******Department Head should then forward to Executive Director******

Date

A copy of the Department Head's decision with an explanation for approval or denial shall be forwarded to the Executive Director. An employee, who disagrees with the decision of his/her Department Head, may request review of the decision by the Executive Director by forwarding this form along with the Department Head's written decision. In all cases, the Executive Director's decision shall be final.