

**Disclosure of Additional Employment**

Full time Faculty and Staff who are engaged in any additional employment (internal and/or external) must provide the College with the following information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of additional Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location of additional Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Anticipated Days and Times of additional employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Estimated hours per week with additional employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Description of additional employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the additional employment does not constitute a conflict of interest and will not interfere with my primary employment with Barton Community College. I further attest that the additional employment has not been offered due to my official connection with Barton Community College. I will not use any Barton Community College resources (computers, copiers, materials, equipment, vehicles, etc.) for my additional employment. I understand and agree that Barton Community College may require me to give up said additional employment if it in anyway conflicts with my primary duties and responsibilities at Barton Community College, or if the additional employment violates any of the principles, polices, and procedures of Barton Community College. I understand it is my responsibility to update my employment status and disclosure any time this information changes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s signature Date

All disclosed additional employment (additional positions at Barton and/or additional outside employment) must be reviewed and acknowledged by the employee’s primary supervisor. The supervisor is to provide a copy of the acknowledged document to Human Resources to be placed in the employee’s personnel file.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Supervisor’s signature Date

7/21/16