

Secondary Employment Disclosure

Employee Name: _____
Employee ID number: _____
Name of Secondary Employer: _____
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: _____
Secondary Employer Phone Number: _____

Describe the nature of the work performed by the secondary employer or self employment business.	
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

Comments:

Employee statement

_____ I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

_____ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

_____ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

Employee's Signature and Date

Agency Head's Signature and Date