

SECONDARY EMPLOYMENT CERTIFICATION FORM

Baltimore City Community College permits secondary employment with prior agreement pursuant to BCCC's Policy on Secondary Employment and Professional Commitment of Faculty and Staff. **Please complete and sign this Form disclosing any secondary employment.**

DIRECTIONS: ALL EMPLOYEES COMPLETE SECTION ONE. Complete **SECTION TWO** only if you have no additional employment. Complete **SECTION THREE** to declare and certify secondary employment which includes **ANY** employment internal or external. You must submit a separate form for each job that you wish to take in addition to your primary employment at BCCC, including a separate form for each contractual position at BCCC or any other state agency. Please specify hours worked each day.

Section I – Current BCCC Employment Information

Name:	Title of Position:
Classification: <input type="checkbox"/> Faculty	<input type="checkbox"/> Administrative/Professional /Technical
<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Division: <input type="checkbox"/> Academic Affairs	<input type="checkbox"/> Student Affairs
<input type="checkbox"/> Finance & Administration	<input type="checkbox"/> IERP
<input type="checkbox"/> WDCE	<input type="checkbox"/> Office of the President
<input type="checkbox"/> IASP	Supervisor's Name:

Section II- No Secondary Employment

I certify that I currently have no secondary employment.

Signature:	Date:
------------	-------

Section III- Secondary Employment Certification

Job Title		
Name of Employer		
Employer's Address		
City	State	Zip
Supervisor's Name		Phone Number:
Is this position considered full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Start Date	End Date

Please list days and work hours: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
 Saturday ___ Sunday ___ *Approximate number of hours/weeks* _____

I attest that the secondary employment disclosed above does not interfere with my duties at BCCC and does not create a conflict of interest or commitment with state employment duties and responsibilities. Moreover, I will not use the physical resources of the College in connection with my secondary employment unless BCCC is also my secondary employer, and will not convey endorsement by the College of the recommendations or results from any consulting or professional services.

_____ (Employee's name)
 _____ (Employee's signature) (Date) _____

Section IV – Authorization

Employee Signature:	Date:	
Current Employment BCCC Immediate Supervisor (Dean/Director/Manager) Signature:	Date: No <input type="checkbox"/>	Approved: Yes <input type="checkbox"/>
Current Employment BCCC Cabinet Member Signature:	Date: No <input type="checkbox"/>	Approved: Yes <input type="checkbox"/>

Current Employment BCCC President Signature:	Date: No <input type="checkbox"/>	Approved: Yes <input type="checkbox"/>
Secondary Employment Supervisor Signature (Internal):	Date:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Human Resources signature:	Date:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>