COUNTY OF ACCOMACK
Secondary Employment Disclosure

County employees are eligible to maintain additional positions outside of their primary County position, provided they disclose the secondary employment and review with their supervisors and HR to ensure the provisions in policy 106 are followed. The provisions that apply that may affect an employee from holding another position.

- County employees cannot engage in secondary employment that may be determined a conflict of interest with their County position.

- Secondary employment cannot interfere with the daily routine of County employees. An employee cannot engage in secondary employment duties during County working hours. The use of County supplies, equipment or other resources for purposes other than County related business is prohibited.

- An employee cannot receive income and/or material gain from individuals outside of the County for materials or services resulting from their position with the County.

It is the employee's responsibility to notify the County of any employment outside of their County position and may be subject to approval to avoid a conflict of interest, explained in policy 205. This form will be maintained in the employee's confidential personnel file.

List below any positions, other than your primary County position, that you hold.

Name of Employer: _____   Number of hours worked: ____   ☐ Weekly   ☐ Monthly

Employer Contact Name: _____   Employer Contact Number: _____

Name of Employer: _____   Number of hours worked: ____   ☐ Weekly   ☐ Monthly

Employer Contact Name: _____   Employer Contact Number: _____

Name of Employer: _____   Number of hours worked: ____   ☐ Weekly   ☐ Monthly

Employer Contact Name: _____   Employer Contact Number: _____

Name of Employer: _____   Number of hours worked: ____   ☐ Weekly   ☐ Monthly

Employer Contact Name: _____   Employer Contact Number: _____

Use additional forms if more than four (4) additional positions are held & a supervisor review has been completed

By signing below, I certify that the information I have provided is correct to the best of my knowledge.

Employee Signature: _____   Printed Name: _____   Date: _____

Supervisor Signature: _____   Printed Name: _____   Date: _____

The County of Accomack is committed to a diverse and inclusive workplace