

Attachment A: Request for Secondary Employment Approval

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ Employee ID #: _____

Date: _____

Immediate Supervisor: _____

Secondary Employment being requested:

Job Title: _____

Number of hours of work/ week anticipated: _____

Secondary Employer Name: _____

Secondary Employer Address: _____
_____Brief description of job responsibilities (please include an attachment of job description):

_____Do you perceive any conflicts with your role at MHS: ☐ Yes ☐ NoIf yes, please explain: _____
_____For patient care related positions – do you anticipate this secondary employment would interfere with your ability to provide quality of care?: ☐ Yes ☐ NoIf yes, please explain: _____
_____Will this secondary employment violate any provision of the Code of Ethical Behavior, Conflict of Interest or any MHS policy?: ☐ Yes ☐ NoIf yes, please explain: _____

Employee signature: _____ Date: _____

Attachment A

Secondary Employment

TO BE COMPLETED BY MANAGER/ SUPERVISOR

Management Approval based on compliance with Policy on Secondary employment and no noted conflicts: ☐ Yes ☐ No

Supervisor Name: _____

Supervisor Signature: _____

Date reviewed: _____

TO BE COMPLETED BY SENIOR LEADERSHIP

Approved: ☐ Yes ☐ No

Approved by: _____

Signature: _____

Date: _____