SOUTHERN CRESCENT TECHNICAL COLLEGE

REQUEST FOR APPROVAL OF SUPPLEMENTAL EMPLOYMENT

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| **EMPLOYEE NAME**: | | **EMPLOYEE ID # DATE**:        Click here to enter a date. | |
| **CURRENT DEPARTMENT/DIVISION**: | | **SUPPLEMENTAL DEPARTMENT/DIVISION**: | |
| **CURRENT JOB TITLE**: | | **SUPPLEMENTAL JOB TITLE**:  **SUPPLEMENTAL PAY**: | |
| **CURRENT WORK HOURS**: | | **SUPPLEMENTAL WORK HOURS**:  **Start Date**: Click here to enter a date.  **End Date:** Click here to enter a date. | |
| **DESCRIPTION OF SUPPLEMENTAL JOB DUTIES/OBLIGATIONS, ACADEMIC TERM, LOCATION**  **FSLA DESIGNATION**:  Exempt  Non-Exempt | | | |
| **EMPLOYEE ACKNOWLEDGEMENT**  I request approval to engage in supplemental employment at Southern Crescent Technical College as described on this form. I also understand that my supplemental employment must not conflict with my existing job duties, responsibilities and/or work hours. I further understand that my employment as an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (job title) within the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (division) is my ***primary*** employment.  If this request is approved, my supplemental employment will not:   * Conflict or interfere with my existing working hours, current job duties and/or responsibilities; * Create the potential for improper decisions within my existing or potential division or college activities; or, * Present an actual or perceived conflict of interest.   **EMPLOYEE SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SUPERVISORY REVIEW** | | | |
| Approved  Disapproved | **Current Supervisor**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Approved  Disapproved | **Divisional Vice President**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  |  | | --- | --- | --- | | Approved  Disapproved | **Supplemental Supervisor**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Special Condition(s) Required for Approval (If applicable):** | | | |
| **Human Resources FSLA Review:**  Approved  Disapproved  Reason(s) for Disapproval (If applicable): | | | |