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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| [ ]  Approved [ ]  Disapproved | **Supplemental Supervisor**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Special Condition(s) Required for Approval (If applicable):** |
| **Human Resources FSLA Review:**[ ] Approved[ ] DisapprovedReason(s) for Disapproval (If applicable): |