



SUPPLEMENTAL EMPLOYMENT REQUEST FORM

This form is to be completed by all East Central College full-time personnel in fulfillment of policy requirements of the Board of Trustees.

Policy 5.24 states, "No full-time employee of the College will engage in any supplemental employment which will in any way interfere with his/her ability to carry out his/her assignment. Authorization must be obtained before an employee accepts supplemental employment during any period when he/she is performing work for the College."

The following Procedures apply:

5.24.1 Requests for Permission

Requests to accept outside or supplemental employment, including self-employment, should be submitted on the Supplemental Employment Request form and approved by the appropriate administrators, including the College President.

5.24.2 Use of Leave for Supplemental Employment

Employees who have accepted supplemental employment may not utilize paid sick, personal leave, or vacation days when the absence is used to work on the supplemental job.

5.24.3 Provision of Tutoring or Private Services

Employees shall not tutor or provide services for compensation to any student who should receive those services free of charge through the use of usual and customary college services and procedures.

Section 1: Supplemental Employment Verification (please complete):

Name _____ Department _____

I am presently engaged/desire to engage in supplemental employment for profit or compensation. I am aware of the policy governing supplemental employment and agree to terminate either the supplemental employment or my employment at East Central College should such supplemental employment interfere with the performance of my duties as a full-time employee or violate the policies established by the College. I shall also promptly inform my supervisor of changes in any supplemental employment, including extra duty assignments at East Central College. This agreement will be effective for up to one year, within the current fiscal year, according to the specified dates below.

- **Sign below and complete Section 2, forward to supervisor for approval.**

Employee Signature

Printed Name

Date

Section 2: Supplemental Employment Information

Start Date: _____ End Date: _____

Nature of Supplemental Employment: _____

Day of the week work is to be performed: _____

Hours per week work is to be performed: _____

Section 3: Recommendation for Supplemental Employment

Supervisor: Indicate recommendation and forward to area Vice President.

Do you believe that the employee's supplemental employment will?

Yes No Conflict with the employee's work hours?

Yes No Conflict with the employee satisfactorily performing his/her duties and/or responsibilities?

Approve Deny

Additional remarks:

Supervisor Signature

Date

Vice President: Indicate recommendation and forward to the President.

Approve Deny

Vice President's Signature

Date

President: Indicate recommendation and return to Human Resources.

Approve Deny

President's Signature

Date

Director of Human Resources: Verification of employment. Return one copy of this form to the employee and the employee's supervisor.

Director of Human Resources Signature

Date