

Appendix 4 Secondary Employment Form

This form should be completed before an individual undertakes or agrees to undertake additional work with any employer. The situation should be reviewed annual through the appraisal process. Any issues with performance or attendance that are identified and may be directly linked to additional work, the Line Manager will discuss with the individual in line with the Trust's Performance and Conduct Policy.

Personal Information

<i>Name:</i>	<i>Contact No:</i>
<i>Position & hours worked</i>	<i>Grade:</i>
<i>Line Manager:</i>	<i>Contact No:</i>

Please provide details of your proposed secondary employment

Name of Employer:	
Line Manager:	Contact No:
Nature of Work (<i>Brief description of duties and responsibilities</i>)	
Proposed working days/hours	

Additional Information

Have you any reason to believe that there will be instances where your Secondary Employment will conflict with your work at the Trust? <i>for example in terms of time, performance, attendance or where the organisation has financial/other interests in the Trust</i>		
Please circle as appropriate	YES	NO
If yes, please give details		

I state that the above information is correct and that Secondary Employment in this instance will not have a detrimental effect on my work at the Trust.

I will inform my Line Manager if there are any changes to the above.

I understand that false information given with regard to this Policy could be treated as Gross Misconduct or fraudulent and dealt with accordingly under the Disciplinary/Counter Fraud Policy.

Employee Signature

Signed: _____ Date: _____

Print Name _____

I have/have not* advised the employee that their proposed secondary employment conflicts with

- *The interests of the Trust,*
- *The performance of normal duties within the Trust, and*
- *The requirements of the Working Time Regulations*

and that their pursuance of said secondary employment may lead to disciplinary action.

* delete as appropriate

State reason for conflict

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Line Manager Signature

Signed: _____ Date: _____

Print Name _____

Once completed and signed please place a copy on the employee's Personal File and send a copy to Occupational Health to be included on the employee's Medical File.