

**MIAMI COUNTY  
PERSONNEL POLICY MANUAL**

**SECONDARY EMPLOYMENT**

**FORM 29  
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Time Conflicts: Full-time employment by Miami County shall be considered an employee's primary occupation and take precedence over all other occupations. Full-time employees shall not have other employment which presents a "time conflict." A time conflict for purposes of this section exists when the working hours of a secondary job directly conflict with an employee's scheduled working hours or mandatory overtime obligations, if any, or when the demands of a secondary job prohibit adequate rest or otherwise affect the employee's job performance.

Interest Conflicts: No employee, regardless of employment status, shall have other employment which presents an "interest conflict" with their position. An interest conflict exists when an employee engages in any secondary employment which tends or may appear to compromise the employee's judgment, actions or job performance or conflict with the policies, objectives, and operations of the employer.

Employees shall notify the appointing authority or designee in writing of any secondary employment (preferably prior to accepting such employment). The employer will confer with the employee to determine whether the secondary employment presents a conflict. If the appointing authority or designee feels an employee's secondary employment presents a conflict, the appointing authority may demand, or recommend, the employee terminate the secondary employment relationship. Failure to follow such demand or recommendation may be cause for discipline up to and including termination.

No employee shall have secondary employment while the employee is on a paid or unpaid leave of absence, including family and medical leave, where benefits may be maintained.

Are you currently working secondary employment?  Yes  No

I am notifying the employer of my intent to seek secondary employment.  Yes  No

Name of secondary employer: \_\_\_\_\_

Type of Business? \_\_\_\_\_

Print Name of Employee \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Administrative Action

Reviewed by: \_\_\_\_\_

Secondary Employment:  Approved  Not Approved

Approved with the following restrictions: \_\_\_\_\_

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