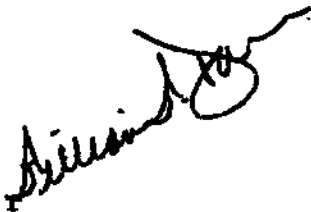


Division of Parks and Recreation

April 4, 1985

STAFF DIRECTIVE 85-5

TO: Division Employees  
FROM: William W. Davis, Director  
SUBJECT: Secondary and Dual Employment  
Policy



The Department of Natural Resources and Community Development follows the policy of the Office of State Personnel on secondary and dual employment. (Sections 4 and 7 of State Personnel Manual).

In order to determine the status of the employees in NRCD engaged in Secondary or Dual Employment, a new application must be filed prior to April 15, 1985. The form for secondary employment may be used for dual employment also. If you are or wish to become engaged in secondary or dual employment, please return the attached form to Judy Warren by the April 15 deadline. The policy as stated calls for notification of substantial change in status, therefore the filing of the new requests will make everyone current.

In the future, all employees engaged in secondary and dual employment must file a status report annually by December 31 using the same form. A copy should be on file in each individual's personnel file. The current policy will be revised to reflect these changes.

If you have any questions, please let me know.

WWD:w

Attachment

State of North Carolina  
Department of Natural Resources & Community Development  
REQUEST FOR APPROVAL OF SECONDARY/DUAL EMPLOYMENT

ate:

1. Name of Employee:
2. Employee's Division or Office:
3. Employee's Classification:
4. Employee's Position Title:
5. Employee's Work Station Address: 6.

Employee's Home Address:

7. Request: In addition to my work with the Department of Natural Resources and Community Development, I hereby request permission to engage in the secondary/dual employment described below -

A. Name of secondary/dual employer: \_\_\_\_\_  
(Indicate if self-employed.)

B. Address of secondary/dual employer: \_\_\_\_\_

C. Short description of general nature of secondary/dual employer's  
(including ~~self employer's~~ business or profession: \_\_\_\_\_)

Division

Personnel

Date

D. My title, duties, activities and responsibilities in this secondary/ dual employment will be:

E. This supplementary work or services will normally be performed on the following days and during the following hours. \_\_\_\_\_

F. I expect this supplementary work to begin on \_\_\_\_\_ and end on \_\_\_\_\_

8. Statement: I have read the policy and procedures governing secondary and dual employment which are printed on the backside of this form. I understand the policy and the procedures;  
and I believe this request complies with them. Also, if any substantial change occurs in my secondary or dual employment after approval, I will report it to my supervisor.

\_\_\_\_\_  
Signature of

Employee

Recommend Approval: Yes No \_\_\_\_\_

Signature of

Immediate

Da

Recommend Approval: Yes No \_\_\_\_\_

Signature of  
Division

Da

Recommend Approval: Yes, No

Signature of Assistant

Date s

Approved: Yes No Reviewed and recorded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_