

**REQUEST FOR REVIEW OF SECONDARY EMPLOYMENT**

Date: \_\_\_\_\_

To: Ethics Commission

From: \_\_\_\_\_

Supervisor: \_\_\_\_\_

SUBJECT: Request for Permission to engage in secondary employment pursuant to Public Ethics Law § 5-502, I am submitting my request to engage in secondary employment.

1. Identifying Information:

Name \_\_\_\_\_ State Position & Grade \_\_\_\_\_

Department \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Agency \_\_\_\_\_ Email Address \_\_\_\_\_

Employee Mailing Address:

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

State Supervisor's Phone Number and Email Address:

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

2. Brief description of employee's duties and responsibilities in State position:

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

3. Brief description of function of employee's State Department/Agency:

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

4. Proposed Outside Employer:

Name of Entity: \_\_\_\_\_ Phone No. \_\_\_\_\_

Supervisor's Name and Title:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Brief description of Business Conducted by Entity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Position title, duties and responsibilities of secondary employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Hours per week to be spent with secondary employment and work schedule (specific hours of work for secondary employer): \_\_\_\_\_

7. Anticipated duration of secondary employment (temporary or permanent – months or years): \_\_\_\_\_

\_\_\_\_\_

8. Special license or equipment required for secondary employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does the entity do any business with or is it regulated by your Department/Agency (explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

**Recommendation of Immediate Supervisor:**

\_\_\_\_\_ Approve  
\_\_\_\_\_ Disapprove (state specific reasons for denial)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Supervisor and Date

\_\_\_\_\_  
Printed Name of Immediate Supervisor

**Recommendation of Department Head:**

\_\_\_\_\_ Approve  
\_\_\_\_\_ Disapprove (state specific reasons for denial)

Does the entity do any business with or is it regulated by your Department/Agency? Please check the Maryland Funding Accountability and Transparency website at <http://www.spending.dbm.maryland.gov/>. Please explain the nature of any business or regulatory relationship between the outside employer and your agency. **The Public Ethics Law prohibits a State employee from holding secondary employment with an entity that does business with or is regulated by the employee’s agency unless the Commission grants an exception. If the agency does not provide information about the relationship, the Commission cannot grant an exception and the secondary employment is prohibited.**

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head and Date

\_\_\_\_\_  
Printed Name of Department Head

**REQUEST WILL NOT BE CONSIDERED UNLESS CURRENT POSITION DESCRIPTION IS ATTACHED**