1.0 PURPOSE

Provide the guidelines for secondary or other employment of County Board of Health (CBOH) personnel.

2.0 AUTHORITY

The CBOH Secondary Employment Policy is published under the authority of CBOH and in compliance with rules of the State Personnel Board.

3.0 SCOPE

This policy applies to all CBOH Employees.

4.0 POLICY

Employees who receive compensation as a result of employment related activities outside of their CBOH position are required to seek approval for these activities. These activities include, but are not limited to contracting to provide services for a fee, serving as a consultant for a fee, employment by an outside organization or agency, and self-employment or providing services to the general public. In general, the CBOH is not concerned with the non-work time of employees. A CBOH employee may seek and secure employment in addition to CBOH employment, provided the other employment meets the following criteria:

4.1 Does not violate any Federal or State law, Rules of the State Personnel Board or CBOH policy,

4.2 Does not create a conflict of interest with CBOH policies, duties, or objectives.

4.3 Does not interfere or conflict with their ability to effectively perform assigned duties and responsibilities with the CBOH.

4.4 Does not exceed the FLSA work week if employed by another CBOH or state agency, if FLSA non-exempt.
In this regard, employees' jobs with CBOH must be considered primary.

5.0 DEFINITIONS

5.1 CBOH – County Board of Health

5.2 HR – Human Resources

5.3 DHD – District Health Director

5.4 FLSA – Fair Labor Standards Act

6.0 RESPONSIBILITIES

Human Resources (HR) is responsible for issuing and updating procedures to implement this policy.

7.0 PROCEDURES

7.1 Employee completes the Request for Approval of Secondary Employment Form and delivers to Supervisor prior to beginning other employment.

7.2 Supervisor will review and forward recommendation to HR.

7.3 HR will approve recommended action and forward a copy of the completed form to the District Health Director.

7.4 HR will notify the employee in writing of the approval or denial (with reason) and place the document in the personnel file of the employee.

8.0 REVISION HISTORY

<table>
<thead>
<tr>
<th>REVISION #</th>
<th>REVISION DATE</th>
<th>REVISION COMMENTS</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>May 7, 2014</td>
<td>Initial Issue</td>
</tr>
<tr>
<td></td>
<td>November 13, 2015</td>
<td>Annual Review</td>
</tr>
<tr>
<td></td>
<td>July 19, 2018</td>
<td>Annual Review</td>
</tr>
<tr>
<td>1</td>
<td>April 27, 2020</td>
<td>Annual Review and Revision 5.4, 6.2, 6.3, 6.4, and 7.0</td>
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</tbody>
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9.0 RELATED FORMS

HR-03902A Request for Approval of Secondary Employment
STANDARD REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Employees are not authorized to begin other employment prior to receiving written approval.

TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL

Name of Employee ___________________________ Division ___________________________
Organizational Unit ___________________________ Job Title ___________________________
Name of potential employer ___________________________

Describe the duties, time obligations, and duration of employment. Attach additional documentation, if necessary.

Type of Employment:  □ Temporary/Seasonal □ On-going □ Full-time □ Part-time
Days to be worked:  No. of days _______ □ Weekdays □ Weekends □ No set days
Hours to be worked:  No. of hours _______ Times ___________________________
How will you be compensated? □ Fee □ Salary □ Expense Reimbursement □ Per diem □ Honorarium □ Other ___________________________

If this request is approved, my secondary employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the department.

_____________________________  ___________________________
Employee’s Signature                      Date

TO BE COMPLETED BY APPROPRIATE SUPERVISORY OFFICIALS

□ Approved  ___________________________  Supervisor  ___________________________  Date
□ Approved  ___________________________  Section Director  ___________________________  Date
□ Approved  ___________________________  Division or Office Director  ___________________________  Date
□ Disapproved  ___________________________  Date
□ Disapproved  ___________________________  Date
□ Disapproved  ___________________________  Date

Reason for Disapproval or Special Conditions:

_____________________________  ___________________________

Forward this completed form to:
District 2 Public Health, Office of Human Resources, 1280 Athens Street, Gainesville, GA 30507

A copy of the completed request form will be placed in the employee’s official personnel file and forwarded to the employee and appropriate supervisory officials.