



NORTH CAROLINA'S PUBLIC LIBERAL ARTS UNIVERSITY

SECONDARY EMPLOYMENT AUTHORIZATION FORM

(Must be submitted and approved prior to beginning work secondary employment location.)

Name: _____

UNCA Department: _____

Job Title: _____

I am requesting approval to begin employment with an outside organization in addition to my duties at UNCA.

Name and Address of Secondary Employer:

Job Title: _____

Average number of hours to be worked each week for Secondary Employer: _____

Beginning date of employment: _____

I certify this position will not:

- (a) create, either directly or indirectly, a conflict of interest with my employment at UNCA; or
- (b) impair in any way my ability to perform all expected duties; or to make decisions and carry out in an objective fashion the responsibilities of my position.

Employee Signature

Date

DEPARTMENT HEAD APPROVAL

I approve the request for secondary employment as listed above. I do not believe the secondary position will create a conflict of interest or impair the employee's ability to perform the responsibilities of his/her UNCA position.

Department Head Signature

Date

UNCA APPROVAL

I concur with the department head and approve the employee's request for secondary employment.

Chancellor's Designated Coordinator of Secondary Employment (Director of Human Resources)

Date

HUMAN RESOURCES DEPARTMENT

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