

Randolph Community College
REQUEST FOR SECONDARY EMPLOYMENT

Employee Name _____

Proposed Secondary Employer _____

Address _____

Title of Secondary Employment Position _____

Describe work to be performed _____

If contracted, Beginning and Ending Dates _____

Hours of Employment _____

Are there any conflicts anticipated or known between your current primary employment and the secondary employment described here? _____

Employee Signature _____ Date _____

Dean/Supervisor Signature _____ Date _____

V.P. Signature _____ Date _____

President Signature _____ Date _____

Comments: _____

Directions:

- 1. If self-employed, indicate on "Proposed Secondary Employer" line.
- 2. Include any PT contract(s) with RCC.