Lucas County Children Services SECONDARY EMPLOYMENT DOCUMENTATION

Reference Policy 145: Conflict of Interest

Do you have secondary employment? Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
If yes , complete the entire form below.		
If no , sign and date here:		
	Employee's Signature	Date
TO BE COMPLETED BY EMPLOYEE:		
Date:		
Name: Print Name	Department:	
LCCS Work Schedule:		
Name of Secondary Employer:		
Duties to be Performed:		
Work Schedule:		
Work Schedule: Expected Start Date:		
EMPLOYEE CERTIFICATION:	Expedied End Date.	
 my primary employment with Lucas Coun I will not provide direct or indirect service my caseload, or that I have provided servi Services. Failure to knowingly provide accurate info 	an impact on, and will not create any possibility Children Services. s to individuals that are currently on or have ices for through my employment with Lucas ormation regarding my secondary employment may be considered unacceptable personal	e previously been on County Children ent or to follow all
Employee's Signature	Date	
TO BE COMPLETED BY THE SUPERVISOR:		
The secondary employment listed above doe present a work performance issue.	es not conflict with the employee's primary e	mployment or
The request is denied because it presents a cand/or it interferes with the employee's abilit		ary employment
The request is being forwarded to the Association conflict of interest.	iate Director of the department for approval	due to a possible
Supervisor's Signature	Date	
TO BE COMPLETED BY ASSOCIATE DIRECTOR:		
☐ The request is approved.		
☐ The request is denied because it presents a	conflict of interest.	