

**CONDITIONS OF EMPLOYMENT
ADDITIONAL EMPLOYMENT ACCEPTANCE**

Occasionally there is a need for additional resources in the delivery of certain types of services which is at times best met by the part-time employment of an individual who is already employed by the School.

Requesting Department Name: _____

Additional Employment Offered to (name) : _____

Working Title of Additional Employment Offer: _____

Effective beginning date: _____ **Ending Date:** _____

Home Department of Employee: _____

I understand the following Conditions of Employment:

1. For wage-hour non-exempt work, that my Additional Employment will be compensated at \$ _____/hour. It is my responsibility to complete an Additional Employment Time Sheet to reflect the actual hours that I work in this Additional Employment. For occasional or sporadic work, I will not receive overtime compensation.

OR

For wage-hour exempt work, my Additional Employment will be compensated at a flat rate of \$ _____. It is my responsibility to complete an Authorization for Flat Rate form to reflect completion of the work in this Additional Employment. For exempt work, I will not receive overtime compensation.

2. That I cannot code vacation leave, bonus leave or compensatory time to equal 40 hours of work within my current position if the Additional Employment hours to be worked fall within my regular work hours. "No double dipping."
3. That if the responsibilities of the Additional Employment are at a different salary grade than my current position, my hourly rate of pay will be determined by the minimum of the Additional Employment salary grade.
4. That I am required to inform the department of any relative(s) working in the department where I will be hired for additional employment. An Anti-Nepotism Certification will be required.
5. That compensation for Additional Employment will be included in my existing monthly paycheck and will be directly deposited in my current direct deposit account.
6. That, subject to Wage-Hour requirements, I authorize the School to withhold from my final paycheck the cost of any keys, uniforms, or other State-owned property I fail to return when my appointment ends, and I authorize the School to withhold from my final paycheck the amount of any other debt I owe to the School.
7. That the rules governing my Additional Employment work schedule, meal and break periods, time records, wage-hour status (for overtime purposes), and the policies covering equal employment opportunity, reporting an on-the-job injury, workplace violence, illegal drugs in the workplace, and other policies are provided to me by a department representative.
8. I agree to follow all applicable rules, policies and laws in conjunction with my Additional Employment at NCSSM.

I have read, understand, and accept all of the above conditions.

Signature of Additional Employment Employee Date Signature of Additional Employment Supervisor Date

Note to Supervisor: Send the signed Conditions of Employment-Additional Employment Acceptance Form to Human Resources along with the Additional Employment request and other required documentation.