



The County of DuPage – Department of Human Resources  
**SECONDARY EMPLOYMENT  
 NOTIFICATION FORM**

TO BE COMPLETED BY THE EMPLOYEE:

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 REGULAR WORK SCHEDULE: \_\_\_\_\_

**SECONDARY EMPLOYER INFORMATION:** (check if no secondary employment) \_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_  
 PRINCIPAL BUSINESS: \_\_\_\_\_  
 SPECIFIC DUTIES TO BE PERFORMED: \_\_\_\_\_  
 WORK SCHEDULE: \_\_\_\_\_  
 EXPECTED DURATION: \_\_\_\_\_

**EMPLOYEE CERTIFICATION:**

**I certify that:**

- I have read and understand County Employee Policy Manual, Policy 9.2 – Secondary Employment and DuPage County Ethics Ordinance concerning conflicts of interest.
- I will not engage in secondary employment that is or will become a conflict of interest, nor will the time demands or other commitments of any secondary employment interfere with my primary employment. Specifically, I understand that:
  - o Neither the secondary employer nor I may be involved in initiating, negotiating, securing, drafting, creating, or entering into a contract with the County
  - o I may not use my position with the County to secure anything of value for a secondary employer
  - o I may not disclose any confidential County information to a secondary employer
  - o I may not use any asset of the County in connection with a secondary employment
  - o I may not engage in any activity connected to secondary employment while engaged in my primary employment.
- Failure to provide accurate information herein, or to update this information as necessary, or to follow all policies regarding secondary employment, including those items listed above, may be a violation of County policy and/or state law and could subject me to corrective action up to and including termination of employment.

\_\_\_\_\_  
 Employee Signature Date

**TO BE COMPLETED BY THE DEPARTMENT HEAD (If secondary employment indicated):**

- Approval recommended. No interest or time conflicts present.
- Denial recommended. Secondary employment presents a time or interest conflict with primary employment.
- Request forwarded for determination by Human Resources.

\_\_\_\_\_  
 Department Head's Signature Date

**TO BE COMPLETED BY HUMAN RESOURCES (If secondary employment indicated):**

- Request approved.
- Request denied. The secondary employment presents an interest or time conflict with primary employment.

\_\_\_\_\_  
 Human Resources Director's Signature Date