Georgia Department of Community Health

Secondary Employment

Policy No. 411

Effective Date: July 31, 2000

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References: O.C.G.A. §45-10-20 et seq.

I. Purpose

The purpose of this policy is to outline prohibitions regarding secondary employment and for seeking approval for secondary employment.

II. Scope

This policy applies to all employees of the Department of Community Health (DCH) and attached agencies.

III. Policy

A. Employees of DCH who receive compensation as a result of employment related activities outside of the DCH position are subject to the provisions of this policy. Examples of activities which are considered other employment include, but are not limited to:

1. Contracting to provide services for a fee;
2. Serving as a consultant for a fee or honorarium;
3. Employment by an outside organization or agency;
4. Self-employment and providing services to the general public.

B. Examples of activities which are not considered other employment include, but are not limited to:

1. Participating in yard sales;
2. Hosting home parties (for items such as cosmetics, kitchenware, home decorations, etc.) provided that the employee is not a paid representative of the company;
3. Boarding animals, provided that the service is not offered to the general public.
C. **FLSA Restrictions**

In order to avoid the potential for Fair Labor Standards Act (FLSA) overtime, DCH employees who are FLSA non-exempt are not authorized to work for another State agency.

**NOTE:** This restriction does not include organizations such as Authorities, Community Service Boards, County Boards of Health or units of the University System.

IV. **Eligibility**

A DCH employee may, under the conditions outline in this policy, seek and secure employment in addition to DCH employment, provided that the other employment:

A. Does not constitute a violation of any federal or state law, Rules of the State Personnel Board or DCH policy;

B. Does not constitute a conflict of interest with departmental employment; and

C. Does not interfere or conflict with an employee’s ability to effectively perform assigned duties and responsibilities with the Department. In all cases, the employee’s job with DCH must be considered primary.

V. **Prohibitions**

A. Employees are not to engage in secondary employment activities during working hours. Prohibited activities include, but are not limited to:

1. Conducting an outside business or performing other employment duties while at work or on duty by any means such as using departmental information, materials, equipment, or any data from the outside employer.

2. Working hours for an outside employer that overlap with DCH work hours or being on call for other employment.

B. It is **unlawful** for a **full-time** DCH employee to transact business with any organizational unit of DCH, either for the employee or on behalf of any business, or for any business in which the employee or employee’s family has a substantial interest.
1. “Family” means spouse and dependents.

2. “Substantial interest” means the direct or indirect ownership of more than 25% of the assets or stock of any business.

3. “Full-time” means working at least 30 hours per week for the State for more than 26 weeks per calendar year.

C. An employee who owns any part of a company seeking to do business with any DCH organizational unit must immediately report the partial ownership to their immediate supervisor. If an employee owns any part of a company that is currently doing business with any DCH organizational unit, the employee must immediately report the partial ownership to their immediate supervisor.

D. It is unlawful for a part-time DCH employee to transact business with any organizational unit of DCH, either for the employee or on behalf of any business, or for any business in which the employee or employee’s family has a substantial interest, with the exception of:

1. Any transaction made pursuant to sealed competitive bids;

2. Any transaction when the amount of a single transaction does not exceed $250 and when the aggregate of all such transactions does not exceed $9,000 per calendar year;

3. Any transaction involving the lease of real property to or from any agency if such transaction has been approved by the Department of Administrative Services; or,

4. Any transaction involving the purchase of surplus State property at public auction.

E. Any DCH employee who transacts business with the State of Georgia during a calendar year must file a STATE BUSINESS TRANSACTION DISCLOSURE REPORT with the Secretary of State by January 31st of the following year. Forms may be obtained by contacting the Office of the Secretary of State.

VI. Special Requests

A. Any part-time employment related activity involving a DCH employee by another State department, agency, commission, authority, or other instrumentality of the
State of Georgia (Also see FLSA Restrictions in Section III.C. above) requires special approval for the following categories of employees:

- Chaplain
- Fireman
- Any person holding a doctoral or master’s degree from an accredited college or university
- Licensed physician
- Licensed dentist
- Psychologist
- Registered Nurse
- Licensed Practical Nurse
- Certified oral or manual interpreter for deaf persons

B. A DCH employee seeking part-time employment as a teacher or instructor in an evening or night course or program with a unit of the University System of Georgia also requires special approval.

C. A DCH employee seeking secondary employment as indicated in A or B above, must complete and submit a SPECIAL REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT Form to the immediate supervisor prior to beginning the secondary employment. (See Attachment #1)

VII. Procedures

A. Special Requests

1. A SPECIAL REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT Form must be submitted to the immediate supervisor. The supervisor should review the request to ensure that the other employment does not conflict with the employee’s current duties and responsibilities or provide the potential for improper decisions in departmental activities. In addition, the supervisor is to ensure that the secondary employment does not present an actual or perceived conflict of interest. If determined appropriate, the supervisor is to approve the request and forward it to the section director for review and approval.

2. The section director is also to review the request to ensure that the secondary employment does not conflict with the employee’s current duties and responsibilities or provide the potential for improper decisions in departmental activities. In addition, the section director is to ensure that the other employment does not present an actual or perceived conflict of interest. If the section director determines the special request appropriate, the request is to be sent to the division or office director for review and approval.
3. If approved by the division or office director, the completed request form is to be sent to the Office of Human Resources for review and processing. The Office of Human Resources will coordinate the special request with the DCH Commissioner’s Office.

4. If the request is disapproved at any level, the reason for disapproval is to be written on the request form and returned to the employee. A copy is also to be sent to the Office of Human Resources.

5. In order to comply with State law, the Chief Executive Officer of the State department, agency, commission, authority, or other instrumentality of the State of Georgia; or, unit of the University System of Georgia desiring the services of the DCH employee must:
   a. Certify in writing the need for the services of the DCH employee and why the best interest of the State will be served by obtaining such services in lieu of obtaining services from a person not presently employed by the State.
   b. Prepare a written agreement, which established the procedures under which the employee shall perform, the additional services. The agreement must contain the following information:
      (1) Specification of the other employment as either part-time employment or as a consultant;
      (2) Compensation; and,
      (3) Other pertinent details and conditions of the employment relationship (e.g., the duration of employment).
   c. Submit the written agreement to the DCH Commissioner. The agreement will be forwarded to the Office of Human Resources for review and to determine if the SPECIAL REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT Form has been approved by appropriate levels of management.

6. If determined appropriate, the DCH Commissioner will certify in writing that:
   a. The DCH employee is authorized to perform such services;
   b. The services must be performed during off duty hours; and,
c. The performance of those services must not detract or have a detrimental effect on the performance of duties with DCH.

7. The above agreement may be terminated at any time by the requesting organization or by DCH.

8. If the special request for secondary employment is approved, the special request form and relevant documents are to be sent to the Office of Human Resources. The Office of Human Resources will provide copies of the approval and relevant documents to the employee and the employee’s supervisor, and copies will be maintained in the employee’s official personnel file.

B. Standard Requests

1. A DCH employee seeking secondary employment that does not involve the “special” categories discussed in the Special Requests Section, must complete and submit the STANDARD REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT Form to their immediate supervisor. (See Attachment #2) Employees are not to begin secondary employment prior to receiving written approval from the division or office director.

2. The supervisor is to review the request to ensure that the secondary employment does not conflict with the employee’s current duties and responsibilities or provide the potential for improper decisions in departmental activities. In addition, the supervisor is to ensure that the secondary employment does not present an actual or perceived conflict of interest. If determined appropriate, the supervisor is to approve the request and forward it to the section director for review and approval.

3. The section director is also to review the request to ensure that the secondary employment does not conflict with the employee’s current duties and responsibilities or provide the potential for improper decisions in departmental activities. In addition, the section director is to ensure that the other employment does not present an actual or perceived conflict of interest. If the section director determines the request appropriate, the request form is to be forwarded to the division or office director for review and approval.

4. If the division or office director approves the request, the request is to be sent to the Office of Human Resources.

5. The Office of Human Resources will provide copies of the approval to the employee and the employee’s supervisor, and a copy will be maintained in the employee’s official personnel file.
6. If the request is disapproved at any level, the reason for the disapproval is to be written on the request form and returned to the employee. A copy is to be sent to the Office of Human Resources.

ATTACHMENTS:

1. Special Request For Approval of Secondary Employment
2. Standard Request For Approval of Secondary Employment

Approved by: [Signature]

Date: 7-31-00
Department of Community Health

SPECIAL REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

The Chief Executive Officer of the State department, agency, commission, authority, or other instrumentality of the State of Georgia; or, unit of the University System of Georgia desiring the services of the DCH employee (e.g., Commissioner of the Department of Human Resources, President of Georgia State University, etc.) must submit a written request to the Commissioner of the Department of Community Health. The request must certify the need for the DCH employee’s services and indicate why the other employment is in the best interest of the State. The request should specify part-time or consultant work, compensation, duration, etc.

*Employees are responsible for ensuring that all required documents are submitted to their supervisors and the DCH Commissioner. Employees are not authorized to begin other employment prior to receiving written approval from the DCH Commissioner.*

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TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL

Name of Employee ___________________________ Date _______________________

Organizational Unit ___________________________ Job Title _______________________

List the duties, time obligations, and duration of employment. Attach additional documentation, if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of potential employer (State department, University, etc.) ___________________________

Name of the Chief Executive Officer of the State department, University, etc. ___________________________

________________________________________________________________________

Address ____________________________________________________________________________

________________________________________________________________________

This is to request permission for other employment as defined in Section VI. and VII. of DCH Policy No. 411, Secondary Employment. If this request is approved, my secondary employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the department.

________________________________________________________________________

Employee’s Signature ___________________________ Date _______________________

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Department of Community Health

SPECIAL REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

TO BE COMPLETED BY APPROPRIATE SUPERVISORY OFFICIALS

This request is to be reviewed by the supervisory officials in the positions listed below to ensure that the requested secondary employment does not conflict with the employee's current duties and responsibilities, provide the potential for improper decisions in departmental activities or present an actual or perceived conflict of interest.

☐ Approved  ☐ Disapproved

Supervisor

Date

☐ Approved  ☐ Disapproved

Section Director

Date

☐ Approved  ☐ Disapproved

Division or Office Director

Date

Reason for Disapproval or Special Conditions:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Forward this completed form to:

DCH Office of Human Resources
2 Peachtree Street, Suite 3942
Atlanta, Georgia 30303-3159

The Office of Human Resources will coordinate the request with the DCH Commissioner's Office.

A copy of the completed request form will be placed in the employee’s official personnel file and forwarded to the employee and appropriate supervisory officials.
Department of Community Health

STANDARD REQUEST FOR APPROVAL OF SECONDARY EMPLOYMENT

Employees are not authorized to begin other employment prior to receiving written approval.

TO BE COMPLETED BY THE EMPLOYEE REQUESTING APPROVAL

Name of Employee ___________________________ Division ___________________________
Organizational Unit ___________________________ Job Title ___________________________

Name of potential employer _______________________________________________________

Describe the duties, time obligations, and duration of employment. Attach additional documentation, if necessary.

______________________________________________________________________________

Type of Employment:  □ Temporary/Seasonal     □ On-going     □ Full-time     □ Pert-time
Days to be worked:  No. of days ___________ □ Weekdays     □ Weekends     □ No set days
Hours to be worked: No. of hours ___________ Times ___________________________

How will you be compensated?  □ Fee     □ Salary     □ Expense Reimbursement
□ Per diem     □ Honorarium     □ Other ___________________________

This is to request permission for other employment as defined in DCH Policy No. 411, Secondary Employment. If this request is approved, my secondary employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my position with the department.

______________________________________________________________________________

Employee’s Signature ___________________________ Date ___________________________

TO BE COMPLETED BY APPROPRIATE SUPERVISORY OFFICIALS

□ Approved  □ Disapproved  ___________________________ Supervisor ___________________________ Date ___________________________
□ Approved  □ Disapproved  ___________________________ Section Director ___________________________ Date ___________________________
□ Approved  □ Disapproved  ___________________________ Division or Office Director ___________________________ Date ___________________________

Reason for Disapproval or Special Conditions:

______________________________________________________________________________

______________________________________________________________________________

Forward this completed form to:
Office of Human Resources, 2 Peachtree St., Suite 3942, Atlanta, GA 30303-3159
A copy of the completed request form will be placed in the employee’s official personnel file and forwarded to the employee and appropriate supervisory officials.

FORM 411-2 (5-2000)