**FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**

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| **Secondary Employment Approval Form** Employment at Fayetteville Technical Community College is the employee’s primary job. Any additional employment must be approved in advance by submitting this Secondary Employment Approval Form through the appropriate supervisory chain to the President or his designee. Approval for secondary employment for the President is requested from the Board of Trustees. Secondary employment is treated confidentially.  If approval for secondary employment is provided, it cannot:   * Derogate from the employee’s obligation to commit time, skills, and attention to the employee’s primary position at the College. * Create a conflict of interest with the primary job. * Interfere with the ability to make decisions or be objective with the primary job. * Involve use of any College time, property, equipment, etc.   Request for approval for secondary employment must be submitted each semester and approval may be withdrawn at any time. | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | |  | | | | | | | | | | | |  | Semester: | | | | | Fall | |
| Employee Signature: | | | |  | | | | | | | | | | | |  |  | | | | | Spring | |
| Date: |  | | | | | | | | | | | | | | |  |  | | | | | Summer | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Proposed Secondary Employment: | | | | | | | | | | | | | | | | | | | | | | | |
| *Teaching:*  Employer / Course | | | | | Location (City/State) | | | | | | | # Contact Hours | | | Online | F-2-F | | | Time of Day | | | | |
|  | | | | |  | | | | | | |  | | |  |  | | |  | | | | |
|  | | | | |  | | | | | | |  | | |  |  | | |  | | | | |
| *Non-Teaching:*  Employer / Job Title | | | | | Location (City/State) | | | | | | | Hours of Employment | | | | | | | | | | | |
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| FTCC Workload in Contact Hours: | | | | | | |  | | | | | |  | Overall Pass Rate: | | | | | | | % | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Approved | | Not Approved |  | | | | | | | |  | | | | | | |  | |  | | |
|  | |  | Supervisor Signature: | | | | | |  | | | | | | | | | Date: | |  | | |
|  | |  | Dean/Director Signature: | | | | | | |  | | | | | | | | Date: | |  | | |
|  | |  | AVP Signature: | | |  | | | | | | | | | | | | Date: | |  | | |
|  | |  | Vice President Signature: | | | | | | | |  | | | | | | | Date: | |  | | |
|  | |  | President or Designee Signature: | | | | |  | | | | | | | | | | Date: | |  | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
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