

North Carolina Division of Soil & Water Conservation
SECONDARY EMPLOYMENT CERTIFICATION FORM

Please note that beginning with FY 2018-19, secondary employment forms must be uploaded for every employee of the district performing work on Commission cost share programs.

Name of Employee _____ Date _____
District _____
Classification/Title: _____

Check one and complete the employment information, if applicable, and sign the form:

- Yes, I do have a second job. If checking this box, complete the employment information below.
- Yes, I have an update to my secondary employment status previously approved. If checking this box, complete employment information below.
- I do not have a second job/I no longer have a second job.

I hereby declare that I have secondary employment outside the district as described below:

Employer Name and Address: _____
(Indicate if self-employed) _____

Job title/duties: _____

Normal work days: MON TUES WED THURS FRI SAT SUN Variable

Normal work hours: From: _____ To: _____

Anticipated dates of employment From: _____ To: _____

Special circumstances/notes: _____

I have read and understand the District Policy governing secondary employment and will comply with all provisions of the Policy.

Signature of Employee _____
Date

DISTRICT BOARD CERTIFICATION

Check all applicable boxes:

- I hereby certify that the _____ Soil & Water Conservation District has a secondary employment policy in place that is consistent with the NC Soil & Water Conservation Commission's Guidelines for Secondary Employment.
- I further certify that the district has reviewed the secondary employment declared above for the subject district employee and has approved the secondary employment in accordance with the District's Secondary Employment Policy.

Signature of District Chairperson _____
Date

Acknowledgment _____

Signature of County HR Representative _____
Date
(If employee is county employee with 2nd job)