



**State of Oklahoma
Office of Management &
Enterprise Services
Human Resources Department**

**HCM-015
Secondary Employment
Request**

Purpose:

A state agency employee has primary employment responsibility to this agency. Other employment outside of this state agency is considered secondary employment. An employee must notify his/her supervisor before engaging in any secondary employment with another state agency.

This procedure is to ensure that an employee's secondary employment with another state agency does not cause a conflict concerning benefits eligibility.

Before accepting an offer of secondary employment, an employee must notify their supervisor and return a copy of this form to Human Resources.

SECTION 1 – Current Service			
Employee Name:		Employee ID:	
Agency Name: ODAFF Conservation Commission OHRC		Agency Number: 040 645 353	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour Appointment (Temporary/Seasonal)			
SECTION 2 – Other State Service			
<input type="checkbox"/> I am not employed with any other state agencies (Do not complete the section below)			
Provide a list of employing agencies below. If additional space is needed, complete and attach another HCM-015 form.			
Agency	Start Date	End Date	Hours worked per week
			<input type="checkbox"/> Less than 29 <input type="checkbox"/> 30 or more
			<input type="checkbox"/> Less than 29 <input type="checkbox"/> 30 or more
			<input type="checkbox"/> Less than 29 <input type="checkbox"/> 30 or more
Section 3 – Employee Certification			
<ul style="list-style-type: none"> • I understand if I decide to accept secondary employment with another state agency, I will notify my primary employing agency immediately. • I understand that my secondary employment shall not have an impact on my primary employment. • I understand that failure to provide accurate information may be subject to disciplinary action. • I understand that information related to state agency employment is public. 			
I hereby certify that the information provided on this form is correct to the best of my knowledge.			
Employee:	Signature:	Date:	
Section 4 – Agency Approval			
Supervisor:	Signature:	Date:	
Human Capital Management:	Signature:	Date:	