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
Blank Time ☐ Part Time ☐ Variable Hour Appointment (Temporary/Seasonal)

SECTION 2 – Other State Service
☐ 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.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Start Date</th>
<th>End Date</th>
<th>Hours worked per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>☐ Less than 29 ☐ 30 or more</td>
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<td>☐ Less than 29 ☐ 30 or more</td>
</tr>
</tbody>
</table>

Section 3 – Employee Certification
- 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: __________