5.12 Secondary Employment

Last Revised: May 2022

Policy: Piedmont Community College (PCC) permits employees to engage in secondary employment subject to certain restrictions based upon reasonable concerns.

Purpose/Definitions:

Purpose

The purpose of this policy is to provide guidelines for employees of PCC to engage in secondary employment to ensure there is neither a conflict with the College's interest nor any adverse effect on job performance and the ability to fulfill their responsibilities at PCC.

Definitions

Secondary employment—any external employment or work activity, with a public or private entity, or self-employment that is in addition to an employee's position with the College, even while on leave.

Approval Authority/Monitoring Authority: Piedmont Community College's Board of Trustees has approval authority for this policy. The Vice President, Administrative Services/CFO has monitoring authority for this policy.

Procedure:

Section 1: Approval Process

- 1.1. An employee must have approval from PCC before engaging in secondary employment. The purpose of this approval is twofold:
 - 1.1.1. to determine that the secondary employment does not have an adverse effect on PCC; and
 - 1.1.2. to determine that the secondary employment does not create a conflict of interest with PCC.

- 1.2. It is the responsibility of the employee to request approval to engage in secondary employment by using the Request for Secondary Employment Information form (Exhibit 5.12) which is available in the Office of Human Resources and Organizational Development.
- 1.3. Approval for an employee to engage in secondary employment shall be granted by their immediate supervisor, the appropriate vice president and the President.
 - 1.3.1. Approval for the President to engage in secondary employment shall be granted by Piedmont Community College's Board of Trustees.
- 1.4. The employee must annually notify PCC of their secondary employment.
- 1.5. Secondary employment is in no way to be practiced by the employee during their working hours at this institution.

Section 2: Evaluation Regarding Secondary Employment

- 2.1. Secondary employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel, or refusal to work overtime or different hours as required.
- 2.2. Any performance issues that arise from secondary employment will be addressed during the annual performance appraisal process.
- 2.3. If outside work activity causes or contributes to job related problems at PCC the employee may be asked to discontinue the secondary employment.
- 2.4. The provisions of PCC Policy 5.19, Employee Disciplinary Policy apply to any abuse of secondary employment that results in the neglect of assigned duties and responsibilities.

Section 3: Limitations of Secondary Employment

- 3.1. An employee may not use PCC paid sick leave to perform work for another employer.
- 3.2. Tools and equipment that belong to PCC may not be used to perform any work for a secondary employer.

Legal Citation: 1C SBCCC 200.94

History: Effective August 2005 (Replaced PCC Policy 5.12 Dual Employment); Revised August 2021—Cross-references PCC Policy 5.19 Employee Disciplinary Policy; May 2022—updated definitions

Exhibit 5.12

PIEDMONT COMMUNITY COLLEGE REQUEST FOR SECONDARY EMPLOYMENT

| I,, request permission to work as | | |
|---|-------------------------------|-----------------------|
| Employee Name | | |
| | | with |
| Title of Position | | |
| | for | hours per week. |
| Name of Business | | |
| Secondary Employment working hours: | | |
| Days of Week (circle): Mon Tues Wed Thur | Fri Sat Sun | |
| Hours: a.m./p.m. to | a.m./p.m. | |
| Regular working hours for PCC:a.m./p.m. | to | _a.m./p.m. |
| ************* | ***** | ******** |
| I must notify my supervisor if there is any change i I may not use paid sick leave to work at my second I may not use any PCC tools or equipment (includir duties of my secondary employment. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT T | lary job. ng college-issue | d laptops) to perform |
| AGREE TO THE TERMS ABOVE. Required Signatures: | | |
| | | |
| Employee | Date | |
| Supervisor(s) | | |
| | | |
| Vice President | Date | |
| President or Board of Trustees | Date | |

Once approved, please forward to the Office of Human Resources & Organizational Development.

Revised May 2021